

ShoreGastro

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Direct Access Endoscopy Referral Form

Requested Procedure

- Gastroscopy
- Colonoscopy
- Gastroscopy + Colonoscopy
- Consultation prior

Preferred Provider:

- Dr May Wong
- Dr Fiona Tudehope
- First available

Patient Details

Name: _____

DOB: _____

Phone: _____

Medicare: _____

Health Fund: _____

Referring Doctor

Name: _____

Practice: _____

Provider No: _____

Signature: _____ Date: _____

Clinical Indication

- Rectal bleeding
- Change in bowel habit (incl. diarrhoea)
- Iron deficiency / anaemia
- Dysphagia or reflux
- Positive FOBT
- Surveillance
- Other: _____

Medical History

Cardiac Respiratory Diabetes

Renal Liver Anticoagulated

Other/details: _____

Medications / Allergies

Eligibility

- Under age 75 • Medically stable
- No complex medical comorbidities requiring specialist review prior to procedure.

Referrals emailed to: may@shoregastro.com.au | Patient contacted within 2 business days | Report sent to GP following procedure.