



# Rapid Access Form

Please note patients must not be on antiplatelets (excluding aspirin), anticoagulants or oral hypoglycaemic agent.

## Preferred gastroenterologist (if any)

- Dr Avelyn Kwok** Provider Number 2382998T
- Dr Saurabh Gupta** Provider Number 2301655JH
- Dr Thao Lam** Provider Number 245630LH
- No preference/Next available**

## Patient details

Name \_\_\_\_\_ Date of birth    /    /

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Contact number \_\_\_\_\_

Email address \_\_\_\_\_

**Procedure**    **Gastroscopy**    **Colonoscopy**    **Gastroscopy and Colonoscopy**

## Referrer details

Name \_\_\_\_\_ Provider number \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_

Date of referral    /    /    Signature \_\_\_\_\_

## Indication: Gastroscopy

- Reflux
- Barrett's surveillance
- Other (please specify) \_\_\_\_\_
- +ve coeliac tests
- Gastric intestinal metaplasia surveillance

## Indication: Colonoscopy

- FOBT+ve/NBCSP
- Family hx CRC
- Other (please specify) \_\_\_\_\_
- PR bleeding
- Past polyps

Please fax/email form to (02) 8209 4856/admin@nsgastro.com.au and give original to patient. This form is also available online at <https://nsgastro.com.au/appointments/patient-form/>. Patient will be contacted by practice nurse within 2-3 business days.