



# 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 No 238299AL    
  **Dr Aviv Pudipeddi** Provider No 4647105W    
  **No preference/ Next available**
- Dr Karl Herba** Provider No 423261AJ    
  **Dr Sudarshan Paramsothy** Provider No 274365LW

## Patient details

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

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

Contact number \_\_\_\_\_ Email address \_\_\_\_\_

Medicare number \_\_\_\_\_ Reference \_\_\_\_\_ Expiry \_\_\_\_\_

Private health <input type="radio"/> Yes <input type="radio"/> No Fund _____ Number _____	Pension card <input type="radio"/> Yes <input type="radio"/> No Number _____	DVA card <input type="radio"/> Yes <input type="radio"/> No Number _____ Colour _____ DVA transport required <input type="radio"/> Yes <input type="radio"/> No
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**Procedure**     **Gastroscopy**     **Colonoscopy**     **Gastroscopy and Colonoscopy**

## Referrer details

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

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

Phone \_\_\_\_\_

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

## Patient medications\*

Is the patient on anti platelets or anticoagulants?  Yes  No

Is the patient on diabetic medications?  Yes  No

Please specify/other medications \_\_\_\_\_

## Indication: Gastroscopy

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

## Indication: Colonoscopy

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

**Please fax or email this form to us and give the original to the patient. We will contact the patient within 2-3 business days. This form is also available online at [nsgastro.com.au](http://nsgastro.com.au).**