**DEPARTMENT OF GASTROENTEROLOGY, LIVERPOOL HOSPITAL**

**NATIONAL BOWEL CANCER SCREENING PROGRAM**

**POSITIVE FOBT DIRECT ACCESS COLONOSCOPY REFERRAL FORM**

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| **PATIENT DETAILS** | | | | |
| Name: | Tel No (H):  Tel No (MB): | | | |
| DOB: Sex: M / F | Medicare No: Exp: | | | |
| Address: | Interpreter required: Y / N  If YES – language: | | | |
| **MEDICAL HISTORY** | | | | |
| Weight (kg): | Height (m): | | | |
| Previous colonoscopy: Y / N | If YES - year of last colonoscopy: | | | |
| Allergies (including Latex): | | | | |
| Medications: | | | | |
| **Please tick ALL items** | | | **Y** | **N** |
| Cardiac disease (e.g. IHD, heart failure, pacemaker, valve disease, coronary stent) | | |  |  |
| Chronic respiratory disease (e.g. COAD, poorly controlled asthma) | | |  |  |
| Chronic kidney disease EGFR < 60 ml/min/1.73m2 | | |  |  |
| Cirrhosis | | |  |  |
| Diabetes on insulin | | |  |  |
| Obstructive sleep apnoea | | |  |  |
| Advanced malignancy | | |  |  |
| Impaired mobility affecting independence with bowel preparation (e.g. CVA, Parkinson’s) | | |  |  |
| Previous history of difficult colonoscopy (e.g. incomplete colonoscopy, complication) | | |  |  |
| Previous history of difficulties with anaesthesia | | |  |  |
| On anticoagulant (warfarin, apixaban, dabigatran, rivaroxaban) | | |  |  |
| On antiplatelet other than aspirin (e.g. clopidogrel, prasugrel, ticagrelor, asasantin) | | |  |  |
| Does patient requires a specialist assessment for GI symptoms prior to colonoscopy? | | |  |  |
| Is the patient anaemic or iron deficient? | | |  |  |
| Other issues - *please specify:* | | | | |
| Referring Doctor:  Provider Number:  Address:  Tel No: Fax No: | | Doctor’s signature:  Date: | | |
| **PLEASE FAX REFERRAL, RECENT BLOOD TESTS (FBE, UEC, LFT, IRON STUDIES)**  **AND FOBT RESULTS to 87383094** | | | | |
| \*For privately insured patients: you may use this service or refer to your preferred Specialist\* | | | | |

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| *For office use only:* |
| Accepted for DAC: Y / N YES: Date of colonoscopy:  NO: Date of clinic: |