

Rosemont Endoscopy Centre

56 Rosemont St Wollongong
Ph 4226 5499 Fax 4226 5484

PRE-ADMISSION FORM

To Be Completed by Referring Doctor

CAUTION

Diagnostic procedures requiring IV sedation may not be suitable for elderly patients in the outpatient setting, or for those with the following:

- * Troublesome IHD/CCF
- * Troublesome COAD/asthma
- * Brittle diabetes
- * History of previous major problem with anaesthesia (If in doubt, please contact the Centre)

REFERRAL TO: DR _____

PATIENT NAME: _____ DOB: _____

ADDRESS: _____

TELEPHONE: (H) _____ (W) _____

OPEN ACCESS
Patient referred for endoscopic procedure only

RAPID ACCESS
Both consultation and endoscopic procedure needed promptly

CONSULTATION

REQUESTED TEST

Gastroscopy Colonoscopy Small Bowel Biopsy Flexible Sigmoidoscopy

INDICATION

Upper Abdominal Pain Diarrhoea/Constipation Heartburn Weight Loss

SAFETY ASPECTS

Details

Medications

(Please circle)

Physical Limitations	Y / N _____	_____
Anaesthetic Problems	Y / N _____	_____
Hep B,C or HIV	Y / N _____	_____
Drug Allergy	Y / N _____	_____
Diabetes- Insulin/tablets	Y / N _____	_____
Oral Steroids	Y / N _____	_____
Warfarin/Aspirin/NSAID's	Y / N _____	_____
Anaemia (prefer Hb>10)	Y / N _____	_____
Angina/Infarct past 6/12	Y / N _____	_____
Valvular Disease (?AB cover)	Y / N _____	_____
Hypertension	Y / N _____	_____
Asthma/COAD	Y / N _____	_____
Epilepsy/Seizures	Y / N _____	_____

DOCTORS NAME: _____	DATE: _____
DOCTORS SIGNATURE: _____	ADDRESS: _____
PROVIDER NUMBER: _____	_____