



Gastrointestinal Centre for Excellence

Sydney Gut Clinic  
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## REFERRAL TO SPECIALIST

### DOCTOR

Dr. Suhirdan Vivekanandarajah

Dr. Clare Wu (Yang Wu)

Dr. Vi Nguyen

Dr. Rohan Gett (Colorectal)

Natalie Linton (Dietitian)

First Available

### REFERRAL

Urgent

Next Available

Consult

Direct Access

*(Please turn over to complete further information)*

### PATIENT

Name: .....

DOB: .....

Address: .....

Ph: .....

Email: .....

### HISTORY

Reason for referral: .....

.....

Previous Investigations/ Notes: .....

.....

### REFERRING DOCTOR

Name: .....

Provider No: .....

Ph: .....

Fax: .....

Referral Date: .....

Referral Period: .....

Doctor's signature: .....

## SYDNEY GUT CLINIC DIRECT ACCESS REFERRAL

### PLANNED PROCEDURES:

- |                                      |                                      |  |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Gastroscopy | <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Haemorrhoid Banding |
|--------------------------------------|--------------------------------------|--|

### MEDICAL HISTORY:

- |   |                                  |  |
|---|----------------------------------|--|
| <input type="checkbox"/> Weight:  | <input type="checkbox"/> Height: |  |
| <input type="checkbox"/> Heart disease: <ul style="list-style-type: none"> <li><input type="checkbox"/> Cardiac Stents</li> <li><input type="checkbox"/> Pacemaker</li> <li><input type="checkbox"/> Implantable defibrillator</li> </ul> |                                  |  |
| <input type="checkbox"/> Family history:  |                                  |  |

### CURRENT MEDICATIONS

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Anti-coagulants: | <input type="checkbox"/> Anti-platelets |  |
|   | <input type="checkbox"/> Insulin        |  |
|   | <input type="checkbox"/> Other          |  |

**ALLERGIES**

Other:

### DIRECT ACCESS REFERRAL CRITERIA:

- |                |  |
|----------------|--|
| <b>GENERAL</b> | <input type="checkbox"/> Under 80 years of age<br><input type="checkbox"/> Fit and healthy<br><input type="checkbox"/> Not on anticoagulants |
|----------------|--|

### TESTS PRIOR TO DIRECT ACCESS:

Please include relevant screening results, pathology, &/or imaging

### COLONOSCOPY

- Positive FOBT result
- Family history of CRC
- Surveillance for polyps
- Unexplained iron deficiency +/- anaemia
- Unexplained progressive weight loss
- Rectal bleeding
- Bloody diarrhoea with negative stool MC&S
- Change in bowel habits >6 weeks
- Unexplained progressive weight loss
- Abdominal pain
- Palpable mass (suggest consult)
- After first episode of proven diverticulitis to exclude neoplasm

### GASTROSCOPY

- Family history of stomach cancer
- Unexplained iron deficiency +/- anaemia
- Coeliac disease screening
- Dyspepsia / Reflux
- Dysphagia, odynophagia
- Unexplained abdominal pain and weight loss
- Persistent vomiting and weight loss
- For duodenal biopsy following positive serology in suspected coeliac disease
- Screening / surveillance of Barrett's oesophagus and gastric intestinal metaplasia

**All Direct Access Referrals are screened by our Specialists and/or Clinical Nurse prior to booking.**

We will be happy to contact your rooms or the patient if further information is required.