

CAPSULE ENDOSCOPY - REFERRAL

Please email to admin@sydneygs.com.au or fax to 9012 0847; phone queries to 9874 1251

Patient details (or attach patient sticker):

Name:

DOB:

Address:

Phone number:

Indication for capsule:

- Overt GIT bleeding
 - Recurrent or persistent iron deficiency anaemia
 - Surveillance of Peutz-Jeghers Syndrome
-
-

Results and timing of endoscopic procedures:

Gastroscopy: _____

Colonoscopy: _____

Patient background / comorbidities / relevant medications:

- Known or suspected GIT strictures? Location: _____
- Severe dysphagia
- Pacemaker / implantable cardiac device
- Upcoming MRI scheduled
- Delayed intestinal motility e.g. diabetes, psychotropic medications, narcotics
- DOAC, Warfarin
- Aspirin
- Other antiplatelet e.g. clopidogrel
- NSAIDs
- Other: _____

Referring doctor

Name:

Signature:

Date:

Provider number:

General Practitioner: