VICTORY SURGERY

Dr Swee Chin Tan
MBBS, BmedSC, M.Surg.Sci, FRACS
General & Laparoscopic Surgeon
Endoscopist

Referral for:

- ○ Gastroscopy
- ○ Colonoscopy
- ○ Gastroscopy and Colonoscopy

Patient Demographics	
Name:	Gender:
DOB:	Contact number:
Address:	
Medicare number:	Private Health Fund:
Expiry date:	Member no:

Reason for Colonoscopy (tick accordingly)	**Reason for Gastroscopy (tick accordingly)**
○ Per Rectal Bleeding ○ Altered Bowel Habit ○ Polyp Surveillance ○ Positive FOBT (Faecal Occult Blood Test) (Please attach results) ○ Family history of bowel cancer / screening ○ Colonic abnormality of CT / MRI (Please attach report) ○ Iron Deficiency Anemia	○ Melena ○ Unexplained upper abdominal pain ○ Dysphagia ○ Odynophagia ○ Reflux symptoms ○ Iron deficiency anemia ○ Stomach / Duodenal Abnormality on CT / MRI (Please attach report)

Medical History (tick accordingly)	
Height:	Weight:
○ Cardiac disease	Anticoagulant:
Diabetes: Type 1 Type 2	Insulin:
○ Renal disease	Antihypertensive:
○ Obstructive sleep apnoa	Antiplatelet:
○ Liver disease	Allergies:

Patients should be referred for consultation first prior to scope if any of the following criteria are met

1. Age <16 or > 80 years old
2. Significant cardiorespiratory comorbidities
3. End stage renal failure with or without dialysis
4. BMI > 40

Referring Doctor	
Name:	Provider number:
Practice Address:	
Phone:	Fax:
Signature:	Date:

Please send completed form to E: victorysurgery88@gmail.com or F: 03 9492 6957