



REFERRAL FORM

Re:	
DOB	
Address	
Phone	
Medicare	
Health Fund	
DVA	

Referral to: Dr Asim Khokhar

Referral for: Please select appropriate

- Consultation
 Gastroscopy
 Colonoscopy
 Gastroscopy & Colonoscopy

Reason for referral / Procedure indication:

*Please attach relevant investigations with the referral

BMI: _____ Kg/m²

Diabetes: No. Yes. Diabetic medications Insulin Tablets

Antiplatelets / Anticoagulants: _____

Suitability for open access endoscopy:

- Age 18-75
- BMI <40 Kg/m²
- Not on antiplatelets/ Anticoagulants (except aspirin)
- No chronic heart condition (Unstable IHD, CCF, PPM/ Defibrillator etc)
- No COPD / Emphysema
- No obstructive sleep apnoea (OSA)

NB: If all boxes are not ticked, then patient is most likely to be seen as consult

Referring Medical Practitioner:

Name: _____

Provider # _____

Signature: _____

Dated: _____