

# Adult Open Access Endoscopy Service



Rosemont  
Endoscopy Centre

**Dr Ivan Valiozis**  
MBBS, FRACP

**Dr Kendall Williams**  
MBBS(UNSW), FRACP, BSc(Med), MPH

**Dr Nikola Mitrev**  
FRACP, BSc(Med)/MBBS (USyd), MPH (USyd)

**Dr Stephen J Williams**  
MBBS, MD, FRACP

**Dr Mayenaaz Sidhu**  
MBBS, FRACP

## PATIENT DETAILS:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Medicare number: \_\_\_\_\_ Ref. \_\_\_\_\_ Expiry \_\_\_\_\_

Self funding  Private health insurance: fund details \_\_\_\_\_

## SERVICE(S) REQUESTED:

Consultation  Gastroscopy  Colonoscopy  Iron infusion

## INDICATION FOR REFERRAL:

Positive FOBT  PR bleeding  Other: \_\_\_\_\_  
 History of polyps or malignancy  Altered bowel habit  
 Family history of bowel cancer  Dysphagia  
 Cancer screening  Iron deficiency + anaemia

Additional Clinical Notes: \_\_\_\_\_

**IS THE PATIENT ELIGIBLE FOR OPEN ACCESS?:**  Yes  No

*If any of the below apply then the patient will require a consultation prior to a procedure*

Anticoagulation Therapy  Diabetes on insulin  
 Angina/Cardiac History  Significant Respiratory Disease  
 Pacemaker/defibrillator  Impaired Renal Function (GFR <60ml/min)  
 Artificial heart valve  Active Cancer  
 Advanced Liver disease  Dual antiplatelet Therapy  
 Atrial Fibrillation

## REFERRING DOCTOR:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Provider # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Once we receive this referral, we will contact the patient with a link to complete an Online Patient Admission Form. Once completed, we can book the patient's procedure.

**We also require:**

- Recent ECG if the patient is over 65 or has a cardiac history
- A copy of any FOBT results
- Pathology reports and/or old endoscopy reports if not an existing Rosemont Endoscopy Centre patient

**Colonoscopy patients will need to attend a Preadmission appointment with a nurse in preparation for the procedure.**



**Phone:** 02 4226 5499 | **Fax:** 02 4226 5484

**Address:** 56 Rosemont St, Wollongong NSW 2500

**Email:** [enquiries@rosemont.com.au](mailto:enquiries@rosemont.com.au)

**Web:** [www.rosemont.com.au](http://www.rosemont.com.au)