

OPEN ACCESS ENDOSCOPY

Patient Name: _____ Sex M/F: _____
 Date of Birth: ____/____/____ Phone: _____ Email: _____
 Residential Address: _____
 Medicare Number _____ Ref: _____
 Private Health Insure: YES NO Member Number _____

SURGEON: DR DOURAID ABBAS

PLEASE PERFORM THE FOLLOWING INVESTIGATION:

- Gastroscopy Colonoscopy Colonoscopy + Gastroscopy
 Other _____

INDICATION: (PLEASE PROVIDE PATIENT HEALTH SUMMARY WITH THIS REFERRAL)

- | | | |
|--|---|---|
| <input type="checkbox"/> NBCSP POSITIVE | <input type="checkbox"/> FAECAL HAEMOGLOBIN TEST POSITIVE | <input type="checkbox"/> PER RECTAL BLEEDING |
| <input type="checkbox"/> ABDOMINAL PAIN | <input type="checkbox"/> WEIGHT LOSS | <input type="checkbox"/> FAMILY HISTORY OF CRC |
| <input type="checkbox"/> CONSTIPATION | <input type="checkbox"/> BARRET'S | <input type="checkbox"/> ANAEMIA |
| <input type="checkbox"/> ALTERED BOWEL HABIT | <input type="checkbox"/> DYSPHASIA | <input type="checkbox"/> EPIGASTRIC PAIN/REFLUX |
| <input type="checkbox"/> CHRONIC DIARRHOEA | <input type="checkbox"/> OTHER INDICATION _____ | |

MEDICAL HISTORY: (DOES THE PATIENT HAVE ANY OF THE FOLLOWING CONDITIONS? (Please tick))

- | YES | NO | | YES | NO | |
|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | IHD/ANGINA/AMI (esp. last six months) | <input type="checkbox"/> | <input type="checkbox"/> | Aspirin use |
| <input type="checkbox"/> | <input type="checkbox"/> | CCF | <input type="checkbox"/> | <input type="checkbox"/> | Diabetic requiring insulin or oral medication |
| <input type="checkbox"/> | <input type="checkbox"/> | Cardiac Arrhythmia | <input type="checkbox"/> | <input type="checkbox"/> | Steroid use |
| <input type="checkbox"/> | <input type="checkbox"/> | Hypertension | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis/HIV |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | Obstructive sleep apnoea |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma or COAD | <input type="checkbox"/> | <input type="checkbox"/> | Problems following anaesthetic |
| <input type="checkbox"/> | <input type="checkbox"/> | Bleeding diathesis/Anticoagulant use | | | |

Other Medical History: _____

Previous Surgeries: _____

Medication: _____

Allergies: _____

Patient Information: Height (cm): _____ Weight (kg): _____ BMI (if known): _____

REFERRING DOCTOR:

Clinic Name: _____ First Name: _____ Last Name: _____

Provider: _____ Date: ____/____/____ Signature: _____

ADDITIONAL INFORMATION

GEELONG DAY SURGERY EXCLUSION CRITERIA

The following patients are excluded from admission:

- Identified as a Carbapenem-resistant Enterobacteriaceae (CRE) contact or admitted to an overseas hospital in the past 12 months, or travelled overseas in past 4 weeks and after review by Infection Prevention Australia, they have been considered a risk.
- Patients with a temperature of 38°C.
- Patients over 140kg.
- Patients with Body Mass Index (BMI) over 42.
- Patients who require airborne transmission-based precautions.
- Patients under the age of 18 years.
- Patients with ASA 3 or 4 who require general anaesthesia.
- Patients who do not understand their healthcare rights or who do not appear competent to provide informed consent (and do not have a substitute decision maker).
- Patients with a level of cognitive impairment that may result in patient harm or inability to be able to follow instructions (during admission and post discharge instructions).
- Patients with no escort or support from a carer for the first 24 hours post procedure.
- Patients at risk of delirium or history of delirium after previous procedures.
- Patients at risk of self harm during admission.
- Patients at risk of aggression.
- Procedures anticipated with surgical time of over 4 hours.

OTHER MINOR GENERAL SURGERIES AVAILABLE:

- Excision of skin lesions.
- Excision or subcutaneous lesions e.g. Lipoma.
- Carpal tunnel decompression (Dupuytren contracture release).
- Umbilical hernia repair.
- Open repair of inguinal or femoral hernia.
- Excision of anal tags.
- Anorectal examination under anaesthesia.
- Injection and banding of haemorrhoids.
- Botox injection for anal fissure.
- Lateral sphincterotomy.
- Excision of anal tags.
- Excision of scrotal lesions including epididymal cysts and open correction of hydrocoele and varicocele.