Austin Health

GP Gastroscopy Referral

Surname: ………………………………………….

Given Name(s) …………………………………….

Date of Birth: ..…………………………………..…….

Please complete fully all relevant sections of this form and attach a completed Request for Procedure / Treatment with a patient referral. Please attach any supporting documents (imaging, endoscopy, pathology reports) and mail/deliver to the address below. **Note – incomplete referrals will be returned**

Referring GP/Specialist
Name (BLOCK LETTERS)..
Provider Number :…………………………………………
Date of referral...

Indication A: Symptoms and Investigations (CIRCLE MAIN INDICATION, tick all others and provide copy of results)

- ☐ **Dysphagia**
- ☐ **Haematemesis/Melaena**
- ☐ **Age ≥ 55 years**
- ☐ **Anaemia and/or Iron deficiency**
- ☐ **Unexplained weight loss**
- ☐ **Dyspepsia** ☐ non-responsive to PPI or *H. pylori* treatment
- ☐ **GORD** ☐ non-responsive ☐ recent onset
- ☐ **Known intestinal metaplasia/gastric dysplasia**
- ☐ **Known Barrett's oesophagus**
- ☐ **Upper abdominal pain**
- ☐ **Cirrhosis**
- ☐ **Known atrophic gastritis**
- ☐ **Persistent nausea/vomiting**

- ☐ Abnormal Imaging (likely upper GI cancer)
- ☐ Hb ☐ Coeliac serology
- ☐ MCV ☐ Pernicious anaemia serology
- ☐ MCH ☐ Platelets
- ☐ Ferritin ☐ LFT
- ☐ Other: ………………………………………………..

Family history of upper GI cancer (please tick) ☐ Yes ☐ No

Clinical notes:
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Indication B: Surveillance

Date of last upper gastrointestinal endoscopy
………./………./………. **Provide a copy of results**

- ☐ Barrett's oesophagus
- ☐ Adenomatous polyposis syndrome
- ☐ Gastric ulcer
- ☒ Gastric dysplasia/intestinal metaplasia
- ☐ Previous upper GI cancer
  Date of diagnosis ………./………./……….
- ☐ Previous therapeutic procedure (EMR, upper GI surgery)
  Date of procedure ………./………./……….
- ☐ Lynch syndrome
- ☐ Oesophageal varices
- ☐ Erosive oesophagitis
- ☐ Eosinophilic oesophagitis

*See Explanatory notes for further information on surveillance recommendations

Clinical notes:
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Indication C: Therapeutic

- ☐ Dysplastic Barrett's oesophagus
- ☐ High grade gastric dysplasia and endoscopically resectable lesion (for EMR)
- ☐ Other……………………………………………………………………………………………
- ☐ Dilatation for oesophageal stricture
- ☐ Ligation of oesophageal varices

Clinical notes:
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Indication D: Pre-Operative Assessment

- ☐ Known cancer
- ☐ Anti-reflux surgery
- ☐ Other ……………………………………………………………………...
- ☐ Bariatric surgery
- ☐ Hiatal hernia