

# Request / Referral Form



# Gastrosurg

**Sunnybank Private Hospital**  
245 McCullough Street  
Sunnybank Qld 4109

**St Andrews Ipswich Hospital**  
Cnr of Roderick  
& Pring Streets  
Ipswich QLD 4305

**Ipswich Day Hospital**  
10 Churchill Street  
Ipswich Qld 4305

## Dr M. A. Memon

MBBS. MA. DCH. FRACS. FRCSI. FRASCEd. FRACSEng

**Specialist Surgeon**

**General, Laparoscopic, Gastrointestinal & Bariatric Surgeon**

**Upper and Lower GI Endoscopist**

Assoc. Prof. Surg. (Uni. QLD & Bond Uni)

Referring Dr .....

Date: .....

Provider No. ....

Dr Signature: .....

PLEASE USE STAMP IF AVAILABLE.

Patient Surname ..... First Name .....

Address.....

Ph: H ..... M ..... DOB.....

**Request for:**  Upper Endoscopy (Diagnostic +/- Therapeutic)  Colonoscopy (Diagnostic/Therapeutic)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Abdominal Pain                                    | <input type="checkbox"/> FOBT                          | <input type="checkbox"/> Polyps                     |
| <input type="checkbox"/> Anaemia   | <input type="checkbox"/> GORD                          | <input type="checkbox"/> Post gastric banding       |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> H. Pylori                     | <input type="checkbox"/> Screening                  |
| <input type="checkbox"/> Coeliac   | <input type="checkbox"/> Haemorrhoids                  | <input type="checkbox"/> Surveillance               |
| <input type="checkbox"/> Disaccharides Deficiency<br>(Lactose Intolerance) | <input type="checkbox"/> Inflammatory Bowel<br>Disease | <input type="checkbox"/> Upper or lower GI<br>bleed |
| <input type="checkbox"/> Fissure   |  |   |

## Current Medications

Currently Taking:

- Warfarin  Asprin  Cartia  Plavix

## Relevant Medical Conditions

- Insulin Dependent  Diabetes

## Allergies

**Brief History** .....

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Patients will require initial consultation prior to procedure.

**Ph: 07 3345 6667 or 07 3281 4455 to book appointment and collect preparation kit.**

