



Dr Jong Woo
Specialist General Surgeon

Suite 15, 247 Ryedale Rd
Eastwood 2122

12 Mary St
Auburn 2144

T: 02 9874 9002

F: 02 9874 5543

Info@drjongwoo.com.au

Open Access Endoscopy Referral Form

- Eligible Patients:

- Under 75 years of age
- BMI less than 35 or Body weight less than 120kg
- Not on blood thinning medication other than Aspirin
- No previous adverse reaction to anaesthetics
- No alcohol/drug dependency
- Otherwise generally fit and well

In the presence of other significant health concerns/ comorbidities, patients should have a consultation prior to any endoscopic procedure.

- Reason for Endoscopy (**Please tick**)

| | |
|--|---|
| <input type="checkbox"/> Upper GI/Reflux symptoms | <input type="checkbox"/> Positive Faecal Occult Blood Test (FOBT) |
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Polyp surveillance (Recall) |
| <input type="checkbox"/> Iron Deficiency Anaemia | <input type="checkbox"/> Family history of Bowel cancer/ Gastric cancer |
| <input type="checkbox"/> Unexplained weight loss | <input type="checkbox"/> PR bleeding |
| <input type="checkbox"/> Abnormal Imaging (CT/MRI/PET) | <input type="checkbox"/> Change in bowel habits |

Requested Procedure

Gastroscopy ☐

Colonoscopy ☐

Patient Details

| | |
|----------------------------|----------------|
| Name: | Date of Birth: |
| Address: | |
| Contact Number: | |
| Medicare Number: | Ref. Exp: |
| DVA Number: | |
| Private Health Fund (Y/N): | |

Referral Details

| | |
|----------|------------------|
| Name: Dr | Provider number: |
| Address: | |
| Phone: | Fax: |

Signature: _____

Date: _____