

**GP  
 DIRECT  
 ACCESS  
 ENDOSCOPY  
 REQUEST  
 FORM**

Paste sticky label  
 (Patient's name, HRN No., Address & Contact No.)

Date Of Request: \_\_\_\_\_  
 Name Of Requesting Doctor: \_\_\_\_\_  
 MCR No.: \_\_\_\_\_

**GASTROSCOPY/COLONOSCOPY**

(please circle procedure required)

Clinic: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Proposed Date Of Procedure: \_\_\_\_\_  
 Requested Endoscopist (Name): \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Please indicate if you would like the endoscopist to prescribe medication after the procedure :

If Yes , please specify maximum duration of therapy: **1 week / 2 weeks / 1 month**  
 (please circle)

**INDICATIONS FOR GASTROSCOPY ( please tick )**

- |  |   |
|--|---|
| <input type="checkbox"/> Dyspepsia or Epigastric pain        | <input type="checkbox"/> Anorexia / weight loss.....kg                |
| <input type="checkbox"/> Recent bleeding:Haematemesis/Melena | <input type="checkbox"/> Persistent vomiting of unknown cause         |
| <input type="checkbox"/> Anaemia Hb.../dL Iron deficient Y/N | <input type="checkbox"/> Follow up GP                                 |
| <input type="checkbox"/> Dysphagia or Odynophagia            | <input type="checkbox"/> Others.....                                  |
|  | <input type="checkbox"/> Verbal Consent by Patient/Next Of Kin: ..... |

**INDICATIONS FOR COLONOSCOPY ( please tick )**

- |  |   |
|--|---|
| <input type="checkbox"/> PR bleeding / Anaemia & Faecal Occult Blood positive                            | <input type="checkbox"/> Chronic diarrhoea for investigation          |
| <input type="checkbox"/> Screening: Faecal Occult Blood positive/<br>Family History of Colorectal Cancer | <input type="checkbox"/> Altered bowel habit > 40 yrs old             |
| <input type="checkbox"/> Chronic Inflammatory Bowel Disease  | <input type="checkbox"/> Abdominal pain for investigation             |
| <input type="checkbox"/> Anaemia   | <input type="checkbox"/> Surveillance: Follow up colonic polyp        |
| <input type="checkbox"/> Others.....   | <input type="checkbox"/> Verbal Consent by Patient/Next Of Kin: ..... |

*\*\*Please see reverse page on Preparation for Gastroscopy and Colonoscopy*

## INSTRUCTIONS FOR GASTROSCOPY

1. Patient to fast six (6) hours before appointment time.
2. For suspected gastric outlet obstruction , patient has to fast for >12 hours.
3. Obtain verbal consent from patient and document on Request Form .

## INSTRUCTIONS FOR COLONOSCOPY

Patients > 70 years old are not eligible for direct access.

### BOWEL PREPARATION:

7 days before the appointment from Date : \_\_\_\_\_ to stop iron tablets.

3 days before appointment from Date : \_\_\_\_\_

### To avoid :

- . Fruit , fruit juice and vegetables;
- . Red Meat such as duck , beef , mutton;
- . No grains such as nuts or beans;
- . No cereals such as oats , wheat or barley;
- . No milk or milk products;
- . No jelly or agar agar.

**After lunch/dinner on day before appointment Date:** \_\_\_\_\_ , do not eat any solid food.

Drink clear liquids only :

- . Water , isotonic drinks;
- . Honey,glucose, soft drinks;
- . Clear soup.

At 6am/pm on \_\_\_\_\_ , begin bowel preparation:

- . Mix each packet of preparation with 1 litre of water;
- . Stir well;
- . Drink one large cup (250mls) every 15 minutes;
- . Repeat for all **4 packets until 4 litres are completed;**
- . You will begin to move your bowels by the 1<sup>st</sup> hour; by the 3<sup>rd</sup> or 4<sup>th</sup> hour, your output will be clear and watery;
- . It is important that you finish this preparation as instructed to ensure a clean bowel.

Fasting is required from \_\_\_\_\_ am/pm on \_\_\_\_\_ after you complete drinking the bowel prep.