



Dr Stephen Y Oh

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Open Access Endoscopy Referral Form for Campsie Day Surgery

Please fax the form to 9899 6830 or email to admin@drstephenoh.com

Your patient qualifies for an open access endoscopy without consultation if answered no to all the questions below.

Are you 70 years of age or older?	Yes	No
Do you have any serious heart or lung problems?	Yes	No
Do you have any history of problems with anaesthesia?	Yes	No
Do you weigh more than 100kg?	Yes	No
Do you take blood thinning medication other than aspirin?	Yes	No
Do you take medication for diabetes?	Yes	No

Please perform the following investigation(s).

- Gastroscopy**
- Colonoscopy**

Indication?

- | | |
|---|---|
| <input type="checkbox"/> Upper abdominal pain | <input type="checkbox"/> Lower abdominal pain |
| <input type="checkbox"/> Heartburn | <input type="checkbox"/> PR bleeding |
| <input type="checkbox"/> Dysphagia | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Diarrhoea |
| <input type="checkbox"/> Family history of oesophageal cancer | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Family history of gastric cancer | <input type="checkbox"/> Change in bowel habits |
| | <input type="checkbox"/> Family history of bowel cancer |

Details of history:

Referring doctor name:	Patient name:	Date of birth:
Provider number:	Address:	
Signature	Contact number:	
Date	Medicare number:	
	Private health insurance? Y/N	