



CAPE GASTRO

gastroenterology

Patient details:

PATIENT NAME

DATE OF BIRTH/...../.....

MEDICAL AID

MEDICAL AID NUMBER

TEL NUMBER

EMAIL

EXISTING ILLNESS

PREVIOUS ABDOMINAL SURGERY

ALLERGIES

MEDICATION

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Warfarin |
| <input type="checkbox"/> Clopidogrel | <input type="checkbox"/> Novel anticoagulants |

ADDITIONAL INFORMATION/ REQUEST.....

Nature of referral:

- URGENT
- Consultation request
- Open Access Endoscopy
- Gastroscopy
 - Colonoscopy
 - Screening for Colon Polyps or Cancer

- ELECTIVE
- Capsule Endoscopy
- Iron Infusion

Indication/s for referral:

- ALARM INDICATIONS (warrants urgent referral)
- Vomiting blood
- Blood in stools
- Difficulty swallowing
- Recurrent vomiting
- Unexplained and unintentional weight loss
- OTHER INDICATIONS
- Heartburn
- Abdominal pain
- Chronic diarrhoea
- Constipation
- Anaemia
- Iron deficiency
- Bloating
- Family history of early gastrointestinal cancers

REFERRAL NOTE

DR COLIN RUSH, physician gastroenterologist
MBChB (UCT), FCP(SA), MMED, Cert Gastroenterology (SA)
PRACTICE NO_1140434 / MP0687901

ADDRESS_16 Wilderness Rd, Claremont, 7708
TEL_087 702 6244 / 067 429 1397

www.capegastro.co.za / hello@capegastro.co.za