

**HENRY D HICKS MB BS, FRACS**

**General and Colorectal Surgeon**

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**ENDOSCOPY DIRECT BOOKING**

Patient's Name ..... Sex ..... DOB .....

Address: .....

Phone No. ....

- investigation at       **WWBH**                       **Riverina Day Surgery**                       **NDH**
- Gastroscopy**                       **Colonoscopy**                       **Flexible sigmoidoscopy**

**Indication**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Upper abdominal pain           | <input type="checkbox"/> Lower abdominal pain | <input type="checkbox"/> Diarrhoea                  |
| <input type="checkbox"/> Heartburn                      | <input type="checkbox"/> Dark PR bleeding     | <input type="checkbox"/> Change of bowel habit      |
| <input type="checkbox"/> Painful swallowing             | <input type="checkbox"/> Bright PR bleeding   | <input type="checkbox"/> Inflammatory bowel disease |
| <input type="checkbox"/> Difficulty swallowing          | <input type="checkbox"/> Melaena              | <input type="checkbox"/> Weight loss                |
| <input type="checkbox"/> Haematemesis                   | <input type="checkbox"/> Constipation         | <input type="checkbox"/> Anaemia (please state Hb)  |
| <input type="checkbox"/> Family history of bowel cancer |   |   |
- Other, please specify .....

**Medical History**

Does the patient have any of the following conditions: (please tick)

- | <b>Yes</b>               | <b>No</b>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | IHD/Angina/MI (especially in last 6 months)   |
| <input type="checkbox"/> | <input type="checkbox"/> | CCF   |
| <input type="checkbox"/> | <input type="checkbox"/> | Cardiac Arrhythmia  |
| <input type="checkbox"/> | <input type="checkbox"/> | Hypertension  |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy  |
| <input type="checkbox"/> | <input type="checkbox"/> | Valvular Heart Disease (or history of)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Rheumatic fever   |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma or significant COAD  |
| <input type="checkbox"/> | <input type="checkbox"/> | Bleeding Diathesis or Anticoagulant   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>***IMPORTANT *** Please confirm anticoagulants can be stopped prior to procedure</b>                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetic requiring insulin or oral hypoglycaemics   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>*** IMPORTANT *** SGLT2 inhibitors - FORXIGA, XIGDUO, JARDIANCE and JARDIAMET will need to be stopped 3 days preop</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | Steroid use   |
| <input type="checkbox"/> | <input type="checkbox"/> | Anaemia   |
| <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis / HIV risk  |

Medications (please list)

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.....  
.....

Allergies

.....

Previous surgery (please list)

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.....  
.....

**CAUTION:** Women of child bearing age should have the procedure in the first week of cycle unless adequate contraception is being used.

Referring Doctor ..... Date .....