



ST VINCENT'S HOSPITAL
SYDNEY

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IBD Nurses:

Sally Antoniadis/Cor Fillarca

Inflammatory Bowel Disease (IBD) Outpatient Clinic Referral

Complete Referring Doctor Details or Overlay with Stamp / Sticker

Referring Doctor: _____ Date of Referral: _____

Provider No.: _____

Practice Name: _____

Street: _____ Suburb: _____ Postcode: _____

Phone: _____ Fax: _____ Email: _____

Please Tick Box

Clinic Doctors: Dr Simon Ghaly Dr Andrew Kim

Patients referred to this service may be seen by an alternative (locum) physician

Patient Details

Surname	Given Name	
Date of Birth	Gender	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Street	Weight (kg)	
Suburb	Email	
Postcode	Mobile / Phone	
Medicare No.	SVH MRN (if known)	

Referral

Reason for Referral	<input type="checkbox"/> Possible new diagnosis IBD <input type="checkbox"/> Established diagnosis: <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Other	
Relevant Test & Endoscopy Results (attach if possible)		Date of last Colonoscopy:
Medical History	<input type="checkbox"/> Heart disease <input type="checkbox"/> Lung disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Malignancy <input type="checkbox"/> Coronary artery stents <input type="checkbox"/> Pacemaker/defibrillator <input type="checkbox"/> Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Other:	
Medications	<input type="checkbox"/> 5-ASA <input type="checkbox"/> Steroids <input type="checkbox"/> Azathioprine/mercaptopurine <input type="checkbox"/> Methotrexate <input type="checkbox"/> Biologics <input type="checkbox"/> Insulin <input type="checkbox"/> Warfarin <input type="checkbox"/> Clopidogrel (plavix) <input type="checkbox"/> Xarelto <input type="checkbox"/> Eliquis <input type="checkbox"/> Pradaxa <input type="checkbox"/> Other	
Comments		
Interpreter Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, preferred language:	

HOSPITAL USE ONLY

Priority:	<input type="checkbox"/> Urgent (30 days) <input type="checkbox"/> Semi-urgent (90 days) <input type="checkbox"/> Routine (365 days)	Clinic	Inflammatory Bowel Disease
Appointment Date:		Appointment Time:	
Interpreter Booked:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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 St Vincent's Hospital Sydney Limited
 ABN 77 054 038 872

INFLAMMATORY BOWEL DISEASE (IBD) OUTPATIENT CLINIC REFERRAL

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