



Tawa St Clinic

Capsule Endoscopy Referral Form



**Braemar
Hospital**

In association with
Braemar Hospital

Dear Dr Jim Brooker / Dr Graeme Dickson / Dr Tony Smith

Patient Details

Full Name: _____
Last *First* *Middle Initial*

Address: _____
Street Address

_____ *City* _____ *Post Code*

Home Phone: _____ Alternate Phone: _____

Email _____ Birth Date: _____

Indication

Iron Deficiency?	Yes / No	Overt bleeding	Yes / No
Recent Hb	Date:		
Recent Iron Studies:	Date:		
Previous blood transfusion:	Yes / No	Number of transfusions:	
Date of most recent Gastroscopy:	Findings:		
Date of most recent Colonoscopy:	Findings:		

Relevant Medical History

Comorbidities:

Any NSAIDs or Aspirin?	Yes / No	Details:
Any anticoagulants (eg @Warfarin)?	Yes / No	Details:
Previous abdominal surgery or radiotherapy?	Yes / No	Details:
History of dysphagia or gastro paresis?	Yes / No	Details:
Pacemaker or implantable defibrillator?	Yes / No	Details:
Any clinical suspicion of bowel obstruction?	Yes / No	Details:
Known or suspected Coeliac disease?	Yes / No	Details:

Southern Cross Insurance Eligibility Criteria

- | | | |
|---|---|---|
| <p>1. Occult or overt gastrointestinal bleeding/iron deficiency indicated by an acute drop in haemoglobin/haemocrit, where the cause has not been diagnosed using prior gastroscopy/colonoscopy, and the cause of the bleeding is suspected to reside in the small intestine.</p> | <p>2. Investigation of suspected Crohns disease where the following criteria must be met:</p> <ul style="list-style-type: none"> • Persistent abdominal pain of greater than four weeks • Persistent diarrhea • Negative stool cultures, and | <ul style="list-style-type: none"> • No definitive diagnosis from prior/lower endoscopy procedures. <p>3. Investigation of possible small bowel tumours.</p> <p>4. Investigation of Peutz-Jegher's syndrome.</p> |
|---|---|---|

Referring Doctor Details

Full Name: _____

Address: _____
Street Address

Phone: _____ Fax: _____

Signature _____ Date: _____