

# Mater Private Gastroenterology Group

71 Eccles St, Dublin 7

1800 222 333 [endoscopy@materprivate.ie](mailto:endoscopy@materprivate.ie)

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## NEW DIRECT ACCESS ENDOSCOPY SERVICE

### REFERRAL GUIDELINES

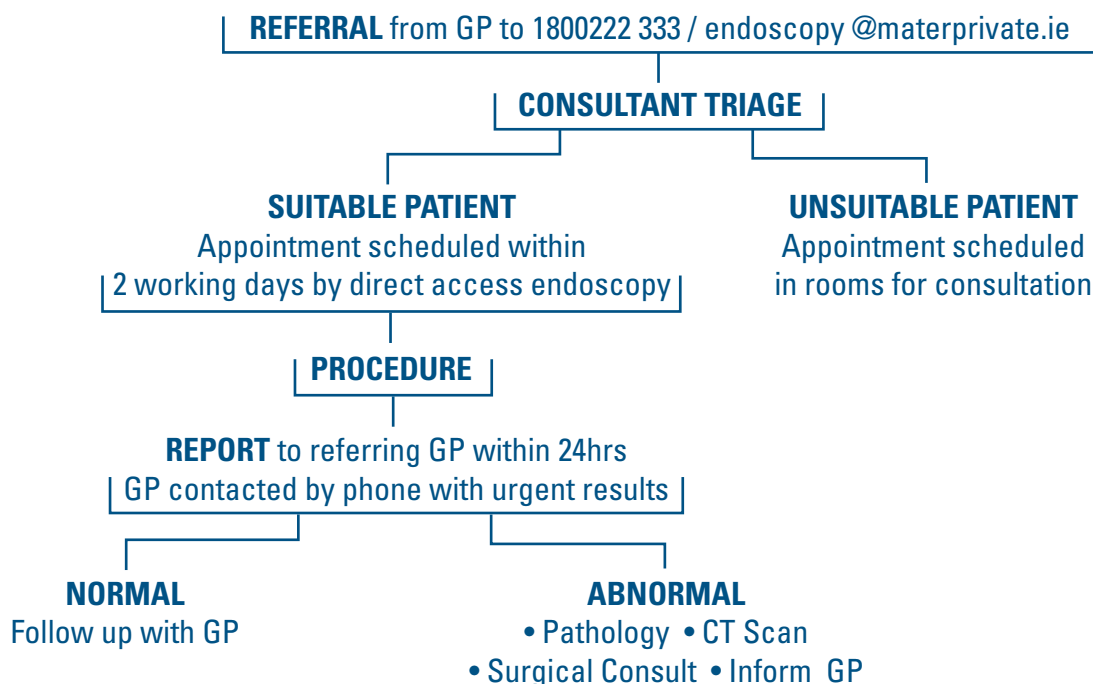
#### SUITABLE PATIENTS

- ✓ New upper GI symptoms
- ✓ Suspected GI bleed (stable)
- ✓ Suspected malabsorption syndrome
- ✓ Diarrhoea
- ✓ Rectal bleeding
- ✓ Altered bowel habit
- ✓ Weight loss
- ✓ Anaemia (iron deficiency)
- ✓ Family history/screening

#### UNSUITABLE PATIENTS

- ✗ Not fit for day-case procedure
- ✗ Not fit for at home bowel prep
- ✗ Aged under 16
- ✗ Significant comorbidities (uncontrolled CCF, severe renal disease)
- ✗ Haemodynamically unstable patients

### PATIENT PATHWAY



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# DIRECT ACCESS ENDOSCOPY REFERRAL FORM

Direct Access Endoscopy Clinic, 71 Eccles St., Dublin 7  
Email: endoscopy@materprivate.ie Tel: 1800 222 333 Fax: 01 - 860 3967

## PATIENT DETAILS

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_  
Mob: \_\_\_\_\_  
DOB: \_\_\_\_\_

## REFERRING DOCTOR DETAILS

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Preferred contact for urgent results:  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

## PROCEDURE REQUIRED [please tick]

Gastroscopy  Colonoscopy  Leftsided Colonoscopy   
CONSULTANT: Next available  Dr Bennett  Dr Kelleher  Prof MacMathuna   
Please refer back to GP to initiate treatment Yes  No

## CLINICAL DETAILS [please tick]

### IS THE PATIENT:

	Yes	No		Yes	No
On Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	Diabetic	<input type="checkbox"/>	<input type="checkbox"/>
On Plavix	<input type="checkbox"/>	<input type="checkbox"/>	Renal Insufficiency	<input type="checkbox"/>	<input type="checkbox"/>
On Warfarin	<input type="checkbox"/>	<input type="checkbox"/>	Cirrhosis/Liver disease	<input type="checkbox"/>	<input type="checkbox"/>

## MEDICATION/OTHER

Please enclose any recent lab results or other relevant test results

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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