



Blackrock Clinic

Endoscopy Direct Access Referral

Patient details:

Name _____

Date of Birth _____

Address _____

Telephone _____

Mobile _____

Priority URGENT SOON ROUTINE

Medical Insurance VHI AVIVA QUINN OTHER SELFPAY

Procedure Required OGD COLONOSCOPY

GASTROSCOPY INDICATIONS

- Dyspepsia
- Heartburn/Reflux
- Dysphagia
- Haematemesis/Melaena
- Nausea/Vomiting
- Anaemia
- Weight loss
- Barrett's Oesophagus
- Varices Assessment
- Epigastric Pain

Duration of Symptoms _____

Past Medical History _____

Current Medications _____

Is patient on Warfarin Aspirin Plavix Xarelto Pradaxa

Is the patient on any other blood thinners? _____

Indication for treatment _____

Is the patient Diabetic? NO YES

Is the patient on Insulin? NO YES

Has the patient had Cardiac Surgery / Valve Surgery? _____

Please advise patient to take Blood Pressure meds with a sip of water on the morning of procedure.

For Colonoscopy, please give patient script for KLEAN Prep x 4 sachets for day prior to procedure.

GP Signature _____ Date _____

ENQUIRIES: daycare.unit@blackrock-clinic.com

PLEASE FAX to : 01 2064532

*Please Note –The following patients should be referred directly to the consultants secretary:
Patients over the age of 75 years • Patients with a significant cardiac history • Diabetic patients on Insulin therapy*