



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 the patient medically fit for bowel preparation  Yes  No  N/A

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](mailto: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*