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 Dr Natalie Kiel MBBS FRACP  
 Dr Neal Martin MBBS BSc FRACP  
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 Dr Sam O'Connor MBBS (Hons) FRACP  
 Dr Hans Selteneich DGVS FMH FRACP

**Patient Name:**  
**Date of Birth:**  
**Address:**

**Home number:**  
**Mobile number:**

**Request for: (please circle)**

**Gastroscopy    Colonoscopy    Gastroscopy & Colonoscopy**

**Reason for Colonoscopy:**

**Reason for Upper Endoscopy:**

**Patient's BMI:**

**Current Medications:** Current medication list attached

**Medical History:** Current medical history attached

**Is the patient on anti-coagulant/anti-thrombotics: Y/N**  
**Details:**

**Diabetic: Y/N    Type: IDDM/NIDDM**

**Allergies:**

Patients are routinely provided with an appointment with the treating gastroenterologist for a clinical consult and to review their endoscopic and biopsy results. Please indicate if you would prefer to organise alternative follow up for your patient after the procedure.  
 Yes. I will organise alternative follow up.

**Referring Dr:**

**Address:**  
**Phone:**                      **Fax:**

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

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**Mackay**  
 Suite 16, 76 Willetts Rd  
 North Mackay Qld 4740

**Brisbane**  
 Level 4 Suite 1  
 St Andrews War Memorial Hospital  
 457 Wickham Terrace  
 Spring Hill Qld 4000

**Ipswich**  
 Lower Cameron House  
 St Andrews Private Hospital  
 12 Roderick St  
 Ipswich Qld 4305

**Rockhampton**  
 Imbina Medical Centre  
 149 Denham Street  
 Rockhampton Qld 4700

**Services**

Gastroenterology  
 Inflammatory Bowel Disease  
 Coeliac Disease  
 Gastroscopy  
 Colonoscopy  
 Bowel Cancer Screening  
 Capsule Endoscopy  
 Oesophageal pH monitoring

**Hospitals**

**Mater Misericordiae**  
 76 Willetts Road  
 North Mackay Qld 4740

**Mater Day Unit**  
 1 Wellington St  
 Mackay Qld 4740

**St Andrews War Memorial Hospital**  
 457 Wickham Terrace  
 Spring Hill Qld

**St Andrews Private Hospital**  
 12 Roderick St  
 Ipswich Qld 4305

**Mater Misericordiae**  
 31 Ward Street  
 Rockhampton Qld 4700