**REFERRAL TO GASTROENTEROLOGY PRIVATELY REFERRED NON-INPATIENT (PRINIP) CLINIC\***

* **Please refer to one or all our Specialists -** (Do not circle, please specify specialist by (typing below) A**/Professor Miriam Levy, Professor Susan Connor, Dr Scott Davison, , Dr Ken Koo, Dr Watson Ng, Dr Emilia Prakoso,**

**Dr David Prince or Gabrielle Wark. To provide a timely appointment to clinical need, if patient agreeable, the most appropriate spot will be offered.**

* **Please fax or email this referral to (02) 8738 3094 or** [**SWSLHD-LiverpoolGastro@health.nsw.gov.au**](mailto:SWSLHD-LiverpoolGastro@health.nsw.gov.au)
* **Please enter all details / relevant attachments. If not complete, appointment allocation may be delayed.**

**Dear Dr** (Please **type specialist Name**): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **New referral (patient not known to our service) 🞏 OR Re-referral (patient known to our service) 🞏** |

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| --- | --- | --- | --- |
| **Referring Doctor details (complete or stamp)** | | | |
| Name: | |  | Signature: |
| Provider number: | |  | |
| Practice name & address: | |  | |
| Phone: | Fax: | Email: | |

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| Notify of patient appointment details Y 🞏 N 🞏 | Notify if patient does not attend appointment Y 🞏 N 🞏 |

|  |  |  |
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| **Patient details (complete or affix sticker)** | | |
| Surname: | | Given name: |
| Date of Birth: | | Sex: Male 🞏 Female 🞏 |
| Address: | |  |
| Medicare Number: | | Expiry Date: |
| Phone: |  | Email: |

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| **Referral Details (ensure all sections are completed)** | | |
| Reason for referral/current problem: | |  |
| Past Medical History: | |  |
| Current Medications: | |  |
| Allergies: | |  |
| Phone: | Fax: | Email: |

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| **Please include all previous investigations reports** |  |
| □ Blood / stool tests | □ Endoscopy □ Imaging |

\*NB: We offer a **PRINIP** service to allow greatest capacity to meet ambulatory health care needs in the community. Our public outpatient service is reserved for the follow-up after an acute care inpatient episode (but not for new referrals or the ongoing care of chronic conditions) and Compassionate (non-billable) slots case by case only.

Please email to [**SWSLHD-LiverpoolGastro@health.nsw.gov.au**](mailto:SWSLHD-LiverpoolGastro@health.nsw.gov.au)