

A/PROF ASHLEY MILLER

MBBS, PhD, FRACP · GASTROENTEROLOGIST & ENDOSCOPIST

DR MARK LUST

MBBS, PhD, FRACP · GASTROENTEROLOGIST & ENDOSCOPIST

DR ELLIOT FREEMAN

MBBS (Hons), FRACP · GASTROENTEROLOGIST & ENDOSCOPIST



FOCUS

GASTROENTEROLOGY

REFERRAL FORM

All appointments and enquiries:

Suite 419, 100 Victoria Pde
East Melbourne VIC 3002

Ph: 03 9650 7917

Fax: 03 9650 7910

Email: office@focusgastro.com.au

Argus: focusgastro@argus.net.au

Consulting locations:

Suite 419, 100 Victoria Pde
East Melbourne

Hobson Healthcare Werribee
179 Princes Hwy, Werribee

Endoscopy locations:

Epworth Freemasons DPC
320 Victoria Pde, East Melbourne

Hobson Healthcare Werribee
179 Princes Hwy, Werribee

PATIENT DETAILS:

Name: _____

Phone: _____ DOB: _____

Address: _____

REFERRAL FOR: Consultation Gastroscopy Colonoscopy Capsule Endoscopy
(PillCam)

PREFERRED

SPECIALIST: A/Prof Miller Dr Lust Dr Freeman No preference

REASON FOR REFERRAL: (Please attach Health Summary including complete medication list)

Patient BMI: _____ Diabetic: no / yes _____ Blood thinners: no / yes, specify:
(Other than aspirin) _____

REFERRING DOCTOR DETAILS / STAMP:

Name: _____

Practice Address: _____

Phone: _____ Provider Number: _____

Date: _____ Signature: _____

REFERRALS FOR OPEN ACCESS GASTROSCOPY AND COLONOSCOPY ARE WELCOMED.

Information and instructions will be forwarded to patients. Patients over 80 or those with serious medical illnesses including those on anticoagulants should be referred for consultation before colonoscopy or discussed with our staff on 9650 7917. **Please include a Health Summary (medical history and medication list) with your referral.**