

Gastrointestinal Ultrasound Consultation Referral Form

<u>Patient details (or sticker)</u>	<u>Referral details* (please complete*)</u>
UR: Surname: Given names: Date of birth: M / F Address: Medicare number: Phone: Interpreter required: Y/N Language:	*Date: To: Dr Thomas Goodsall, Gastroenterology, JHH *Referring Doctor: *Address: *Provider No: *Signature:

Indication* (please tick)

- | | | | |
|---------------------------------------|--------------------------|----------------------|--------------------------|
| Inflammatory bowel disease assessment | <input type="checkbox"/> | Clinical remission | <input type="checkbox"/> |
| | | Disease extent | <input type="checkbox"/> |
| | | Active disease | <input type="checkbox"/> |
| | | Stricture assessment | <input type="checkbox"/> |
| Other indication (e.g. IBS symptoms) | <input type="checkbox"/> | Other (detail below) | <input type="checkbox"/> |
| | | Detail below | <input type="checkbox"/> |

***What is the clinical question being asked?**

***Time frame? Urgent <1 month <3 months Specified time frame**

Inflammatory bowel disease information

Classification (please circle)

Crohn's disease

- | | |
|---------------------|----------------------|
| L1: ileal | B1: non-stricturing, |
| L2: colonic | non-penetrating |
| L3: ileocolonic | B2: stricturing |
| L4: upper disease | B3: penetrating |
| P: perianal disease | |

Ulcerative colitis

- | |
|----------------|
| E1: proctitis |
| E2: left-sided |
| E3: extensive |

Details:

Previous abdominal surgery (please tick)

- | | | | |
|----------------------|--------------------------|--------------------------------|--------------------------|
| Nil | <input type="checkbox"/> | Isolated small bowel resection | <input type="checkbox"/> |
| Ileocaecal resection | <input type="checkbox"/> | Right hemicolectomy | <input type="checkbox"/> |
| Left hemicolectomy | <input type="checkbox"/> | Strictureplasty | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

Details:

IBD Medications (please list medications and doses)
