Dr Jason Y Huang
GASTROENTEROLOGIST

MBBS BMedSci FRACP FASGE FACG M.Phil (UQ)
Provider No. 264383UF

GASTROENTEROLOGY REFERRAL FORM

Date of referral: Referral valid for: ☐ 12 months ☐ Indefinite

PATIENT DETAILS

First name: Surname:
Date of birth: Age / Sex:
Address:
Home phone: Mobile:
Medicare no.: Expiry:

REQUEST

☐ Colonoscopy ☐ Gastroscopy ☐ Consultation

REASON FOR REFERRAL

☐ Symptoms ☐ Asymptomatic screening
☐ Positive FOBT or other test result ☐ Follow up surveillance
☐ Others

Clinical details / if Others, please specify:

CURRENT MEDICATIONS AND ALERTS

Allergies:

☐ Diabetes - on tablets or insulin ☐ GLP-1 receptor agonist
☐ SGLT2 inhibitors ☐ Renal impairment
☐ Anticoagulants / antiplatelets - warfarin, Plavix, Xarelto, Eliquis, other

CLINICAL DETAILS

REFERRING DOCTOR

Name: Provider no.:
Practice:
Address:
Phone: Fax:
Signature: Date:

Phone: 07 3193 0877 Fax: 07 3319 6466 reception@gisb.com.au www.gisb.com.au
For all appointments please call: 07 3193 0877

St Andrew's War Memorial Hospital
Sessional Suites, Level 4, Yellow lifts
457 Wickham Terrace, Brisbane QLD 4001
Correspondence: PO Box 206, Ashgrove QLD 4060

Holy Spirit Northside Private Hospital
Arnold Janssen Building, Suite 15, Level 1
627 Rode Road, Chermside QLD 4032