



drmathewkeegan.com

DR MATHEW KEEGAN
MBBS FRACP

OPEN ACCESS REFERRAL

Open Access Referral

Procedure requested *

- ☐ Gastroscopy
- ☐ Colonoscopy
- ☐ Gastroscopy and colonoscopy
- ☐ Endoscopic Ultrasound (EUS)
- ☐ Balloon Enteroscopy

Patient Details

First Name *

Middle Name(s) *

Last Name *

Date of Birth *

Gender

Occupation

Patient Address *

Street address *

Street address line 2

City *

State *

Postcode *

Patient Contact *

Patient Email

Memberships

Does the patient have Medicare? *

- ☐ Yes
- ☐ No

Medicare Number

Ref #

Expiry Date

Does the patient have private health insurance? *

- ☐ Yes
☐ No

Private Health Fund Name

Member Number

Does the patient have a pension card? *

- ☐ Yes
☐ No

Pension Card Number

Is the patient a member of the Department of Veterans Affairs? *

- ☐ Yes
☐ No

Repatriation Number

Referrer Information

Name *

Provider Number *

Clinic / Practice Address *

Street address *

Street address line 2

City *

State *

Please select

Postcode *

Contact Number *

Email Address *

HealthLink EDI

Date of Referral *

INDICATIONS: Gastroscopy *

- ☐ Reflux
☐ Barrett's surveillance
☐ Positive coeliac tests
☐ Gastric intestinal metaplasia surveillance
☐ Others (please specify below)
☐ N/A

INDICATIONS: Colonoscopy *

- ☐ FOBT Positive/NBCSP
☐ PR bleeding
☐ Family hx CRC
☐ Past polyps (New medicare item numbers require that the timeframe for surveillance is based on past colonoscopy findings and histology. If the patient or referring doctor could provide these, it would facilitate triage.)
☐ Others (please specify below)
☐ N/A

Reason(s) for Referral (and other indications not listed above)

Background Medical History *

Patient Medications

Is the patient on anti-platelets or anticoagulants? *

- ☐ Yes
- ☐ No

Is the patient on diabetic medications? *

- ☐ Yes
- ☐ No

Please specify other medications (if any).

Additional Information

If you're a new referrer, how did you hear about Dr Keegan?

☐ Please confirm that you have read our [Privacy Policy](#). *

Signature *

Date *