

**DIRECT ENDOSCOPY**

Bayside Day Procedure & Specialist Centre
 Bayswater Day Procedure & Specialist Centre
 Casey Day Procedure & Specialist Centre

Rosebud Day Hospital
 Hampton Day Hospital

Affix patient label here**Patient Details Form**

Date of admission:				Procedure:			
Title:		First name:			Surname:		
Date of birth:		Male		Female		Indeterminate	
Address:						Post code:	
Contact phone number:				Alternate contact number:			
Country of birth:			If Australia, which state:			Do you identify as Aboriginal or Torres Strait Islander:	
Email address:						Yes No	
Medicare number		-		-		Ref No.	Expiry:
Ambulance subscription		yes		no			
Next of kin name:				Relationship:			
Contact phone number:				Alternate contact number:			

Is there anything we should be aware of with your admission and care today?

Name of person collecting you today:	
Contact number:	Alternate contact number:
The person named above will return to Direct Endoscopy in one hour to collect me.	

1. Discharge home

I am aware that and I must be collected by, and remain in the care of, a responsible adult overnight. For the rest of today, I must not; drive a car, drink alcohol, sign legal documents or operate heavy machinery.

2. Medical and Carer certificates

Please arrange on admission all medical & carer certificates for patient and accompanying person. Certificates can only be issued on the day of attendance.

3. Infection Control

We are committed to stringent infection control and equipment sterilisation guidelines, according to the International and Australian standards. Please advise reception if you have a current infection of any kind.

4. Loss and Damage to items or person

Direct Endoscopy is not responsible for any loss or damage to personal items and /or person and is not obliged to provide any form of compensation, including but not limited to glasses, dentures/dental work/teeth, hearing aids, jewellery and mobile phones. It is recommended valuable items are left with your carer. The patient agrees to bear all costs of loss and/or damage to the aforementioned.

5. Privacy

I have been given the opportunity to read the Privacy Policy and am aware Direct Endoscopy may use my personal information strictly for the purpose of care related to my admission and procedure.

6. Rights and Responsibilities

I have been given the opportunity to review the "Your Rights and Responsibilities" and understand my rights and responsibilities. Staff were available to explain my queries.

I confirm I have accurately completed this form and I have read and agree to the above six statements.

Patient signature:	Date:
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Patient Consent and Acknowledgement Form

Please read the following and discuss any questions or concerns with your Doctor.
Do not sign this form until you have discussed the procedure with your specialist.

Anaesthesia Consent

Anaesthetic complications during endoscopy procedures are rare. These range from minor reactions to anaesthetic drugs, prolonged sleepiness and nausea. Severe or life-threatening events such as aspiration or laryngospasm are extremely rare. During endoscopy all attempts are made to protect teeth, however, it is possible for teeth or crowns to be damaged during the procedures.

Anaesthesia related risks & complications have been explained to me and I have been given the opportunity have questions answered.

Procedure Consent

Gastroscopy is a test to examine the inside of your oesophagus, stomach and duodenum. A flexible tube with a camera will be passed through your mouth into the stomach.

Colonoscopy is a test to examine the inside of your large bowel. A flexible tube with a camera will be used through the back passage along the large bowel. Through this tube, the lining of the bowel can be examined and polyps removed.

You will be given an intravenous injection, which will induce a light sleep. Your anaesthetist will discuss this with you.

Safety and risks

Complications of gastroscopy are very rare and may include bleeding or perforation. For inspection of the bowel alone, complications of colonoscopy are uncommon. Most surveys report complications in 1 in 1000 examinations or less. Complications, which can occur, include an intolerance of the bowel preparation solution and scope disinfection solution used. Perforation (making a hole) or major bleeding from the bowel is extremely rare but if occurs, may require surgery. When operations such as removal of polyps are carried out there is a slightly higher risk of perforation.

The procedure and its complications have been fully explained to me including, perforation and bleeding.

I consent to the following being performed:

Gastroscopy	
Colonoscopy	
Polypectomy	

I agree the following have been explained to me, including the financial cost. I consent to the following being used:

Endoscopy clips	
Ink Tattooing	

Office Use Only	
Financial Consent	Reception Init

Patient print name:	Patient signature:
Gastroenterologist signature:	Date:



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Patient Pre-Admission Health Assessment

Please answer all the following questions accurately

Fasting & Preparation	Yes	No	If yes, provide details
Do you have a carer? If yes, will they be present today			
Do you have difficulty understanding English? If yes, who will translate for you today			
Have you consumed any food today			
Have you had gum, lollies or mints today			
Have you had water or clear fluids today			
Height:	Weight:		Office use BMI:
For colonoscopy patients: What time did you last use your bowels? Describe your last bowel motion (e.g. solid, loose stool, almost clear liquid)			

Infections & Infection risk	Yes	No	If yes, provide details
Have you been admitted overnight to any overseas health care facility in the past 12 months			
Do you currently have a cough, symptoms of cold or flu or fever/high temperature			
Do you have infective diarrhoea or vomiting			
Do you have any other current infections or any infection related issues			

Medications & allergies (office – red wrist band for medication allergy only)	Yes	No	If yes, provide details
Are you allergic to any drugs or medications			
Do you have any other allergies e.g. food or latex			
Attach printed medicine list from your GP or, list all medicines that you are currently taking (including contraception and vitamins). If you require more space, please ask at reception.			
Name of medicine	How often and how much	Details of last dose, have you missed a dose today	
If you take Warfarin, what was your last INR			

Anaesthetic history & assessment	Yes	No	If yes, provide details
Have you had previous surgery? What & when			
Have you had previous anaesthetic			
Have you had any serious problems with anaesthetic			
Has a family member had life threatening complication with anaesthetic			
Do you suffer from reflux			
Do you have any false teeth, caps, crowns, loose or chipped teeth or other dental work			
Do you have any issues with your neck or jaw			



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Diabetes	Yes	No	If yes, provide details
Are you diabetic? If yes, what was your blood sugar today			Type 1 Type 2
If you take diabetes tablets, give details of last dose			
If you have insulin, have you altered your dose today? give details of last dose			

Medical History & Assessment	Yes	No	If yes, provide details
Do you have breathing problems such as COAD, asthma or, Do you have sleep apnoea or use a CPAP machine Do you use home oxygen			
Do you have heart trouble, angina, atrial fibrillation, chest pain, high blood pressure/hypertension, stents, ischemic heart disease, pacemaker or implanted defibrillator			
Are you being investigated for chest pain			
Have you had a fall in the past 3 months			
Do you ever use walking aid such as frame, stick or other walking aid. Do you need a wheelchair			
Have you ever had a stroke or TIA? If yes, give details			
Do you wear hearing aids? Did you bring them today			
Do you have difficulty with speech or hearing			
Are you vision impaired or, do you wear glasses continually			
Do you have dementia, confusion, disorientation or a history of mental illness			
Do you have epilepsy			
Do you have any bleeding or clotting disorder or DVT			
Do you have any skin conditions or existing wounds			
Do you have lymphodema? If yes, which limb/s			
Do you have thyroid problems			
Are you or could you be, pregnant			
Do you have any other medical conditions or illnesses?			
Do you smoke? How many per day? If you are an ex-smoker, what year did you quit			
Do you drink alcohol? How many drinks per week			
Do you consume any other non prescription drugs			

If you have an advanced care directive, please list below any directive that would relate to your admission and treatment today.