



Gastroscopy (Only) Open Access Suitability Questionnaire

FIRST NAME: _____ SURNAME: _____

ADDRESS: _____

MEDICARE NUMBER: _____ REF: __ (BESIDE YOUR NAME) EXPIRY DATE: __ / __ / __

PRIVATE HEALTH FUND: _____ MEMBERSHIP NUMBER: _____

This questionnaire is to assist our staff to determine the suitability of your procedure being performed without prior formal consultation with Dr Walker. If you wish to have a formal consultation with Dr Walker prior to your procedure date, stop now and inform our staff.

If you are a suitable, low-risk patient, this will enable your procedure to be fast-tracked safely, eliminating the pre-procedure clinic visit, thereby making the investigation process more convenient for you.

If you are suitable, you will be given a procedure preparation instruction leaflet. It is important you read these instructions well before commencing the preparation so you have the opportunity for us to answer any questions you may have.

You will meet Dr Walker on the day of the procedure. Dr Walker will additionally discuss the results of the procedure afterwards and organize any follow-up that is required.

Answering "no" to all of these questions does not mean you cannot have a formal consultation with Dr Walker prior to your procedure date. Answering "yes" to any of these questions does not necessarily mean you are not suitable for the procedure or are at any increased risk of having this procedure.

Please answer these questions carefully and give the completed questionnaire back to our staff.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Disease ie. Prior heart attack, heart failure, arrhythmias, heart valve disease, pacemaker, implantable defibrillator |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes (non-diet controlled) – <i>you may still be suitable for open access</i>
– <i>a morning procedure will be more suitable</i>
– <i>please ask our staff for the diabetic information instructions</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Unable to walk up 2 flights of stairs |
| <input type="checkbox"/> | <input type="checkbox"/> | On blood thinners (apart from aspirin) – Warfarin, Clopidogrel (Plavix, Iscover), Rivaroxaban (Xarelto), Dabigatran (Pradaxa), Ticagrelor (Brilinta), Apixaban (Eliquis), Enoxaparin (Clexane), Other |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been diagnosed with a bleeding disorder? |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior adverse event / complication to anaesthesia |
| <input type="checkbox"/> | <input type="checkbox"/> | Any other medical problems you feel need to be discussed with Dr Walker prior to your procedure |