MELBOURNE BOWEL ULTRASOUND

Hillcrest Medical Centre
Suite 1 18 Bell St, Heidelberg Heights 3081
T: 03 9020 1477 F: 03 9020 1488
admin@melbourenebowelultrasound.com.au
www.melbournebowelultrasound.com.au

PATIENT DETAILS		REFERRING DOCTOR	
FIRST NAME		NAME	
SURNAME		CLINIC NAME	
DATE OF BIRTH		PHONE	
SEX		EMAIL	
MOBILE		PROVIDER No	
		SIGNATURE	

REFERRAL DETAILS

Urgency of scan	Indication	IBD extent	Prior bowel surgery
Urgent	Non IBD	NA: Non IBD	Yes
Within 6 weeks	Crohn's disease (CD)	CD: Ileal	No
Within 3 months	Ulcerative colitis (UC)	CD: Colonic	*If yes, please provide details below*
Within 6 months		CD: Ileocolonic	
		UC: Proctitis	
		UC: Left sided	
		UC: Pancolitis	

CLINICAL QUESTION & OTHER RELEVANT CLINICAL INFORMATION

Please email through your completed referral to ***admin@melbournebowelultrasound.com.au***

Our team is happy to discuss referrals, including suitability for bowel ultrasound, too!