



INTESTINAL ULTRASOUND REFERRAL

The Alfred

Gastroenterology Department
Alfred Centre, Ground floor
99 Commercial Road, Melbourne 3000
Ph: (03) 9076 2223 Fax: (03) 9076 2194

UR: _____
Surname: _____
Given Name: _____
Date of Birth: ____/____/____ Sex: M / F
Address: _____

Postcode: _____
Phone (H): _____ Phone (W): _____
Phone (M): _____
Interpreter required: Y / N Language: _____

Date: _____
Referring Doctor: Dr Antony Friedman
Address: 205 Union Road, Surrey Hills

Postcode: 3127
Provider No: 261946JL
CC (if necessary): GP on Bradma Label

Signature: _____

INDICATION (Please tick)

- | | | | |
|---|------------------------------------|---|---|
| PATIENT DESCRIBES: | CLINICIAN EXPECTS: | CLINICIAN BELIEVES SYMPTOMS ARE OF: | OTHER: |
| <input type="checkbox"/> Clinical Remission | <input type="checkbox"/> Remission | <input type="checkbox"/> Active IBD | <input type="checkbox"/> Perianal Fistula |
| <input type="checkbox"/> Active Disease | <input type="checkbox"/> Activity | <input type="checkbox"/> Remission | <input type="checkbox"/> Other:..... |
| | | <input type="checkbox"/> Functional GI disorder | |
| | | | |

IBD CLASSIFICATION (Please circle)

CROHN'S DISEASE

- | | |
|------------------------|--------------------------------|
| L1: Ileal | L4: Jejunal |
| L2: Right Colon | L3: Ileal + right colon |
| L2: Left Colon | L3: Ileal + left colon |
| L2: Pan colitis | L3: Ileal + pancolitis |
| L4: Upper GI | P1: Perianal fistulae |

ULCERATIVE COLITIS

- C1:** Proctitis
C2: Left sided colitis (to splenic flexure)
C3: Extensive Colitis

CURRENT IBD MEDICATIONS (Please tick)

- | | |
|---|--|
| <input type="checkbox"/> Prednisolone | <input type="checkbox"/> Azathioprine (Imuran) |
| <input type="checkbox"/> Budesonide | <input type="checkbox"/> 6MP (Purinethol) |
| <input type="checkbox"/> Hydrocortisone | <input type="checkbox"/> Methotrexate |
| <input type="checkbox"/> Sulfasalazine | <input type="checkbox"/> Infliximab (Remicade) |
| <input type="checkbox"/> Mesalazine | <input type="checkbox"/> Adalimumab (Humira) |
| <input type="checkbox"/> Balsalazide | <input type="checkbox"/> Vedolizumab (Entyvio) |
| <input type="checkbox"/> Nil | <input type="checkbox"/> Ustekinumab (Stelara) |
- Other:**

PREVIOUS SURGERY (Please tick)

- Nil
 Isolated small bowel resection
 Ileocaecal resection
 Right Hemicolectomy
 Left Hemicolectomy
 Subtotal Colectomy
- Other:**.....