

**Please return your forms as
soon as possible by either:**

Fax: (02) 9712 1675

Or

Email: forms@cdd.com.au



Centre for Digestive Diseases

The Centre of Excellence in Gastroenterology ABN: 54 097 085 884

Level 1, 229 Great North Road, Five Dock NSW 2046

Phone: 61 2 9713 4011 | Fax: 61 2 9712 1675 | www.cdd.com.au

PATIENT REGISTRATION FORM

IMPORTANT:

Please complete this form & return it to CDD with your doctors referral attached 2 WEEKS prior to your procedure date, to avoid rescheduling or cancellation of your booking.

Personal Details

Surname: _____

Given Name/s: _____

Address: _____

Post code: _____

Date of Birth: _____ Sex: _____

Marital Status: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Mobile no: _____ Religion: _____

Email Address: _____

Country of Birth: _____

Language Spoken: _____

Please produce valid card on admission

Medicare Number: _____

Expiry: ____ / ____

No. Next to given name: _____

Reciprocal card: YES NO

Next of Kin

Name: _____

Contact details: _____

Relationship to patient: _____

Financial Details

- Private Health Fund (fill in Section 1)
- Pension / Health Care Card (fill in Section 2)
- Veterans Affairs Card (fill in Section 3)
- None if the above (read Section 4)
- No Medicare / Overseas patient (read Section 5)

I agree and accept responsibility for the charges levied by the Centre for Digestive Diseases for theatre, accommodation and medical consultations. I acknowledge that there may be further charges for disposable items used during my procedure which cannot be foreseen.

I agree to the Centre for Digestive Diseases accessing all relevant information about my medical condition or history from other health care providers. I understand that to provide the highest quality medical care, my clinical records may be accessed and reviewed by staff of this practice and, in some circumstances other health care providers.

Patient Signature: _____ Date: _____

Procedure: _____

Proceduralist: _____

Procedure Date: _____

Have you been admitted here previously? YES NO _____ YEAR

Referring Doctor Name: _____

Telephone Number: _____

Section 1 – Health Fund Details

Name of Health Fund: _____

Membership no: _____

Please note: CDD will check your level of health fund cover prior to your procedure. However, it remains your responsibility to pay any out-of-pocket expense or health fund excess on the day of the procedure.

Section 2 – Pension / Health Care Card

Please produce valid card on admission

Pension No.: _____ Exp date: _____

HCC No.: _____ Exp date: _____

Please note: As a pension card / HCC holder, all doctors fees will be bulk billed. However, there will be expenses not covered by Medicare for theatre and accommodation. You will be advised of the approximate cost prior to your procedure – this is payable on the day of your procedure.

Section 3 – Veterans Affairs Card

Please produce valid card on admission

Card Number: _____

White Card Gold Card

Section 4 – Uninsured Patients

CDD is a **PRIVATE** Day Hospital. You will need to pay expenses not covered by Medicare for doctors fees, theatre and accommodation. You will be quoted an approximate cost for your procedure – this is payable on the day of your procedure.

Section 5 – No Medicare / Overseas Patients

You will need to pay the full cost for Doctors fees, theatre and accommodation. You will be quoted an approximated cost prior to your procedure – all fees are payable on the day of the procedure.

Office use only
Patient estimate:

Reception sign:

Date given:

48 hours notification is required for Procedure Cancellation or a \$200.00 Cancellation Fee will be charged



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ADDITIONAL PATHOLOGY FEES

Name _____

Dear Sir/Madam,

Please note that the Gastroenterologist performing your procedure may request Pathology services i.e.: Blood test, Biopsies, cultures etc.

The following tests are sent out to **various pathology companies** according to the test required therefore you may receive accounts from more than one company. Unfortunately we are unable to predict what tests will be required until the procedure is carried out.

Not all tests requested are a Medicare rebatable item and may incur additional costs to you.

NB : PATHOLOGY EXPENSES WILL BE YOUR RESPONSIBILITY.

The Pathology companies are not owned by CDD and all queries relating to their accounts must be directed to them.

Signature _____

Date _____

NB: Please return this form together with registration form, admission and discharge form as well as Doctors' referral in the reply paid envelope provided.

Prof Thomas J Borody
0203859B

Dr Simon Benstock
215156AA

Dr Suhirdan Vivekanandarajah
256279LA

Assoc Prof Matt Rickard
200939DT

Dr John Saxon
009826FJ

Dr Antony Wettstein
065080DA

Prof Robert Clancy
029209EH

Dr Michael Moont
0097113Y

Dr Sanjay Ramrakha
58822EW

Dr Anis Yusuf
204364EH



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PATIENT LABEL

PATIENT MEDICAL HISTORY

Complete and return with the Pre Admission form

Procedure to be performed:

Date [] [] [] [] [] [] Panendoscopy Colonoscopy Other: _____

1. GENERAL HEALTH

- Heart Problems
- Pacemaker/Implants
- High Blood Pressure
- Stroke/Blood Clots
- Bleeding/Blood Disorder
- Thyroid Disorders
- Asthma/Lung Disease
- Heartburn/Reflux
- Advanced Care Directive
- Arthritis
- Diabetes Type 1 Type 2
- Hepatitis/Liver Disease
- Epilepsy, last fit _____
- Tuberculosis
- Kidney/Bladder Disease
- Sleep Apnoea
- Wounds/Breaks in skin
- Treatment Limiting Order
- Do you smoke?
- Have you ever smoked? Date ceased ____ / ____ / ____
- Are you pregnant?
- Significant Infection Eg. MRSA, VRE
- Recent Respiratory Infection Eg. Cold, Flu
- Travel overseas in the last 14 days
- Hearing Loss
- Walking Aids
- Recent Dental Work
- Any other serious illness

If any of these boxes have been ticked, please provide further information:

[]

If you have a special diet please bring your own food for after the procedure.

Weight: _____ kg Height: _____ cm

2. ALLERGIES / PAST HISTORY

Please list allergies/adverse reactions (including foods, medication, latex etc)	Please list major operations and dates (include all operations within the last six months)

Have you or your family ever experienced problems with anaesthetic? Yes No Specify: _____

3. MEDICATIONS

Please list current medications (including HRT, the pill, complementary therapies)

Are you currently or have you within the last 12 months taken Warfarin/Plavix blood thinning medication? Yes No

If Yes, have you been instructed to cease this medication? Yes No Date last taken [] [] [] [] [] []

4. DISCHARGE PLANNING

You must have someone to take you home. You should have someone with you overnight.

PLEASE ATTACH DOCTORS REFERRAL TO THESE FORMS

ACKNOWLEDGEMENT OF PATIENT MEDICAL HISTORY

The information in the "Patient Medical History" section above that I have given, is true to the best of my knowledge. I understand that I will be unfit to drive until the day after the procedure and will make alternative travel arrangements.

I also give my consent to the Centre for Digestive Diseases to release all information concerning my condition, treatment and personal details to my General Practitioner, my Medical Insurer and any Medical Specialist that my Endoscopist refers me to for further treatment or medical opinion in accordance with the Privacy act 2002, HRIPA ACT.

Signature: _____ Print Name: _____ Date: _____



INFORMATION ABOUT YOUR PROCEDURE AND RISKS

Sedation:

The surgical procedures provided at the Centre for Digestive Diseases do not require a general anaesthetic, intravenous Sedation is given for these procedures. The Sedationist will insert a small needle into a vein in the back of your hand or in your arm through which the sedative will be injected. The injection may cause a local reaction. Bruising under the skin may occur, but should not cause permanent damage and is usually not painful. If you are having a gastroscopy procedure, your throat may be sprayed with an anaesthetic agent and may feel numb for a short time.

It is important that you read the information below regarding your procedure(s) and any possible complications that may occur.

Colonoscopy:

This procedure allows the Gastroenterologist to comprehensively examine your large intestine (colon). An endoscope equipped with a video camera is passed via the rectum through the full length of the colon. Biopsies (tissue samples) can be taken for pathology testing and polyps can also be removed during the procedure.

Panendoscopy:

Also known as a Gastroscopy, Panendoscopy allows the Gastroenterologist to comprehensively examine your oesophagus, stomach and duodenum using an endoscope equipped with a video camera. Panendoscopy also allows the Gastroenterologist to take biopsies (tissue samples) for pathology testing and polyps can also be removed during the procedure.

Oesophageal Dilatation:

This procedure is performed to open up a stricture (narrowing) of the oesophagus. A guidewire is passed through the stricture with the flexible tube and then a dilator is passed over the guidewire to open up the stricture. An endoscope is used for examination during this procedure.

Argon Plasma Coagulation (APC):

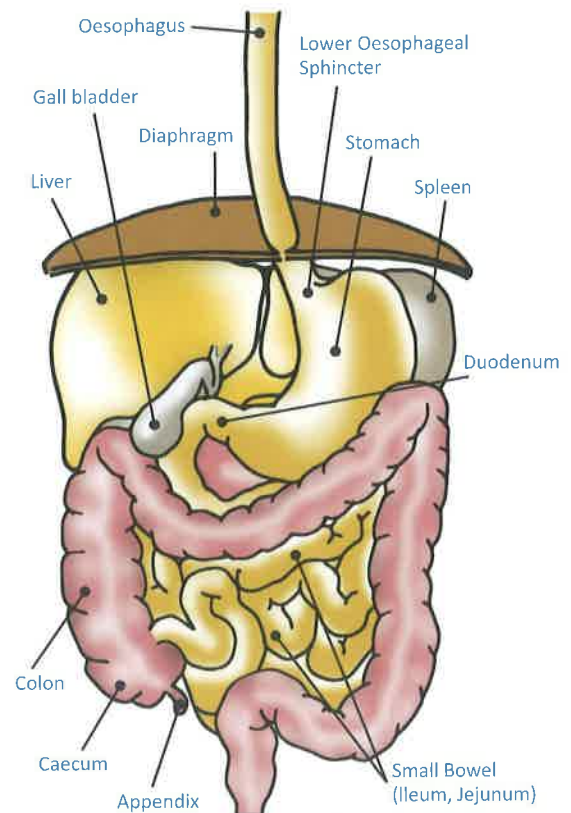
This procedure allows the Gastroenterologist to seal irregular tissue. It is performed during a panendoscopy or colonoscopy while the patient is sedated. This procedure involves using argon gas and electrical current to seal irregular tissue without any direct contact.

Infrared Coagulation (IRC):

Infrared Coagulation is a widely used method for treating haemorrhoids. This procedure is performed usually after undergoing a colonoscopy while you are still sedated. This procedure involves applying infrared light through the anus to compress and seal haemorrhoid veins.

Complications:

The procedures described above are considered to be safe. However, temporary discomfort or pain may occur following introduction of air into the stomach or bowel. Major complications are rare but can occur. These complications include perforation (puncture) of the oesophagus, stomach, duodenum, small bowel or colon. Haemorrhage (bleeding) following removal of polyps, infection, cardiac or respiratory arrest related to sedation / anaesthesia. If you wish to discuss the potential risks or any issues regarding your procedure(s) in more detail, please ask to speak with the Gastroenterologist.





Centre for Digestive Diseases
The Centre of Excellence in Gastroenterology

WE ARE HERE

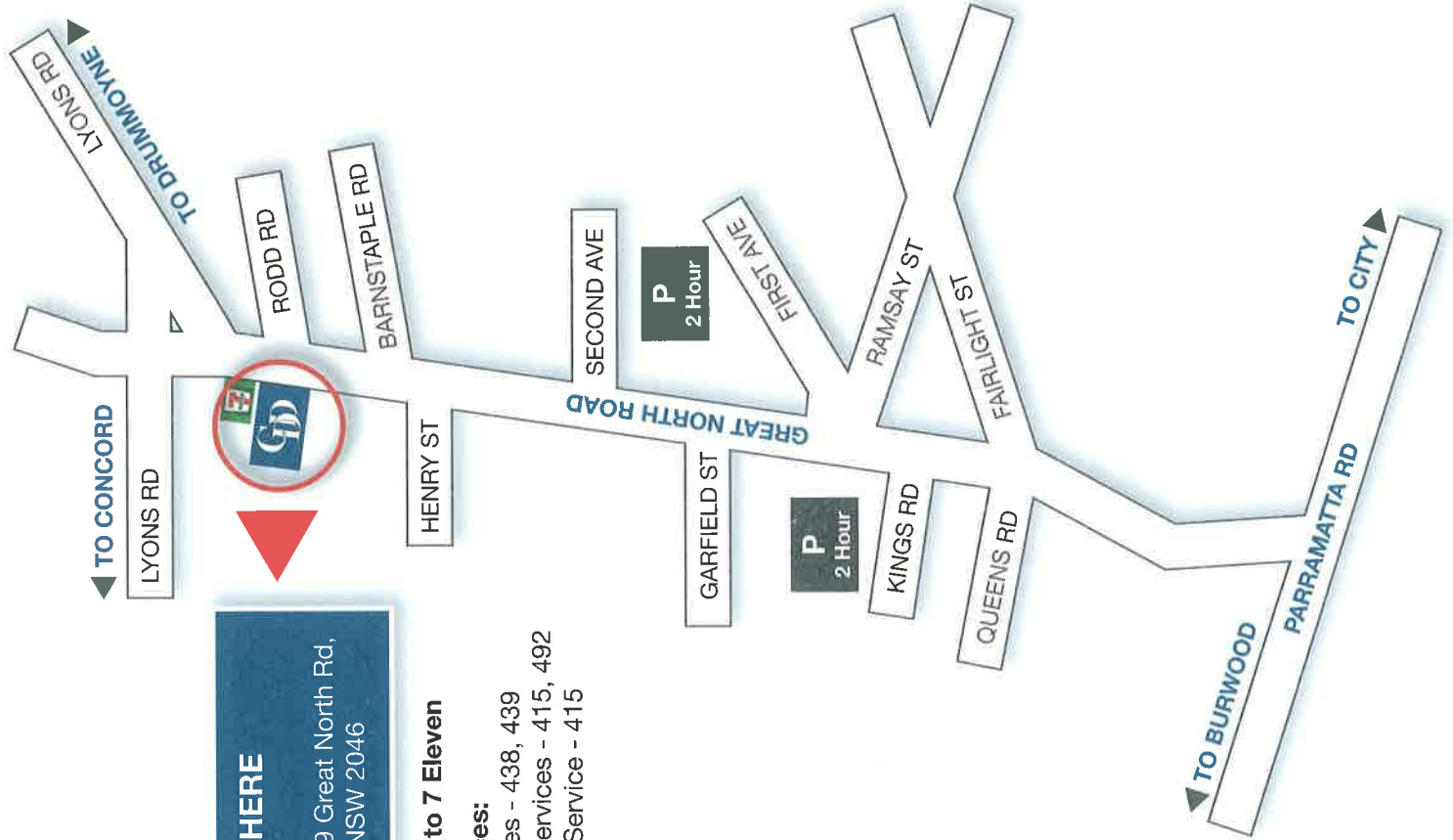
ADDRESS

Level 1, 229 Great North Rd,
 Five Dock NSW 2046

Next Door to 7 Eleven

Bus Services:

City Services - 438, 439
 Burwood Services - 415, 492
 Strathfield Service - 415



Patient Information Booklet

Date of your Procedure:

BOOKLET INFORMATION

Before and After Procedure Instructions

Travel and care recommendations

Directions to the Centre

Before your Procedure

1. Complete the required forms:

Please complete the Patient Registration Form, Patient Medical History and Additional Pathology Fees forms, use the "Reply Paid" envelope provided, to return the forms to Centre for Digestive Diseases at least a 2 weeks before your procedure.

2. Your Procedure Time and Confirmation of Expenses

Two days prior to your procedure date; please call the Centre between 3pm and 5pm on (02) 9713 4011 dial 1 for reception, to obtain the time for your procedure. At this time we will endeavour to give an estimate of your fees, however, please check with your health insurance provider for accurate out of pocket expenses.

3. Information for Patients taking Medication

If you are diabetic or epileptic please ask your GP about preparation for your appointment. If you are on blood thinning medications please ask your GP if it is safe for you to stop these medications for 7 days before your procedure date.

4. Procedure Preparation

It is important that you read the Patient Instructions - Preparation for Procedures form which is enclosed with this booklet. Bowel preparation for colonoscopy (**eg. Picoprep 3 sachets or Glycoprep-C 210g**) can be purchased from the Centre or at your local chemist.

5. Payment for your Procedure

Please arrange to bring any money that is payable on the day of your procedure as no accounts will be rendered. We accept Mastercard, visa card, EFTPOS or cash. Make sure to bring all documentation that our Reception Staff asks of you, for your account to be in order. You must present any medicare, pension or Health Care Cards to be eligible for claiming.

Information for Patients

- ❌ Do not drive for 12 hours following your sedation
- ❌ Do not consume alcohol for 12 hours following your procedure
- ✓ If you are on a gluten free diet or other specific diet, please bring your own food and inform the nursing staff on admission

- There may be unexpected delays due to some patients having longer procedure time than anticipated and we will endeavour to notify you of the approximate delay.
- Please advise the person picking you up that we prefer that somebody is with you when giving the results of your procedure
- When you go home we recommend a friend or relative to stay with you, so you are not alone after sedation

After your Procedure

The Centre for Digestive Diseases recommends that patients follow these instructions after any procedure that is performed under sedation.

- After your procedure(s), some bloating may be experienced as air may remain in your stomach or bowel. This should resolve after a few hours, but may last up to 24 hours. It can be helped by drinking warm fluids, massaging the stomach and passing wind.
- You may resume your normal diet immediately and return to work the following day unless otherwise instructed by your doctor.
- You may be given a prescription, or treatment information sheets to take home with you - Please read and follow these instructions carefully.
- You will receive results of your test as will your referring doctor. Please see your doctor as instructed when discharged from the Centre.

Following these instructions will ensure your experience at the Centre for Digestive Diseases will be as comfortable as possible

- The Centre observes a Non-Smoking Policy
- If you are dissatisfied with any aspect of your treatment whilst at the centre, please contact the Centre Manager on (02) 9713 4011 or in writing to Level 1 / 229 Great North Road Five Dock. If you wish to take this matter further, contact the Health Care Complaints Commission on (02) 9219 7444.
- Prof Thomas Borody has a pecuniary interest in the Centre for Digestive Diseases P/L
- If you require an interpreter prior to or during your visit at the centre you can ask for assistance on 1314 50.



Patient Preparation Instructions

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Australian Charter of Healthcare Rights

<http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Charter-PDF.pdf>

THIS PREPARATION IS FOR ALL PATIENTS

COLONOSCOPY AND PANENDOSCOPY

1 WEEK BEFORE

Arrange for someone to pick you up

You will be given medicine that makes you relax and be sleepy, so you cannot drive a car or take a bus home. If you arrive without an escort, your procedure may need to be rescheduled.

If you are on blood thinners please call your GP to enquire about these.

✗ Stop taking iron, krill and fish oil.

3 DAYS BEFORE

- Confirm your transport plans
 - If you need to cancel your appointment, call the centre
 - Purchase Picoprep (3 sachets) or Glycoprep-C (210g) laxative if you need to take these for a colonoscopy (see instructions)
 - Organise the diet you need to follow for the next 2 days
-

2 DAYS BEFORE

CALL THE CENTRE ON +61 2 9713 4011 AND CONFIRM YOUR APPOINTMENT

**✗ Stop eating seeds, whole grains, popcorn, nuts and pips
Eg. Porridge, grainy bread or muesli.**

HOW WILL YOU FEEL?

When you start taking the laxative, you will need to visit the toilet frequently. You will have diarrhoea and at times stomach cramps. You may feel lightheaded and weak.

Please follow the instructions on drinking fluids. Bowel motions will become watery and gradually clearer.

If you have a headache, you can take paracetamol with a sip of water on the day of your procedure.

WHAT ARE CLEAR FLUIDS?

- Water
- Black tea or coffee without sugar
- Unsweetened clear juice like apple or pear
- Clear soup or stock cubes dissolved in water (Packet soup must be strained)
- Jelly YELLOW and ORANGE ONLY

✗ Do not drink sugary drinks

IMPORTANT!

**YOU MUST NOT DRIVE FOR 12 HOURS AFTER YOUR PROCEDURE
YOU SHOULD NOT BE ALONE FOR 12 HOURS AFTER YOUR PROCEDURE**

PANENDOSCOPY ONLY: PREPARATION FOR ALL PATIENTS

IMPORTANT! DO NOT EAT OR DRINK FOR AT LEAST 4 HOURS BEFORE YOUR TEST

Morning appointment (6:45 - 11:45am) - You will not be able to have anything to eat or drink when you get up in the morning.

✗ Do not take your medications, bring them with you.

Afternoon appointment (12:00 - 4:00pm) - You may have a light breakfast at least 4 hours before your scheduled time, such as a drink and one slice of toast.

COLONOSCOPY INFORMATION SHEET OVER - 70 YEARS OLD

BEFORE YOU START

You will need to purchase a sachet of Glycoprep-C (210g) laxative from the chemist or the

IMPORTANT! 2 days before your procedure
stop eating seeds, whole grains, popcorn, nuts and pips
Eg. Porridge, grainy bread or muesli.

MORNING APPOINTMENT FROM 6:45 -11:45AM

THE DAY BEFORE YOUR TEST

7am - You can have a light breakfast eg. One slice of toast, small amount of butter or margarine, no spreads or 1 boiled or poached egg and a drink.

8am - **NOTHING ELSE TO EAT, CLEAR FLUIDS ONLY FROM NOW ON**
(see page 2 for clear fluid list)

12pm - Dissolve 1 sachet of Glycoprep-C (210g) in 3 litres of water then drink one (1) glass every 10-15 minutes until it is finished – it is best when kept in the fridge.

✓ You may drink as much clear fluid as you like until midnight to prevent dehydration.

We encourage at least 2 other litres.

✗ Do not eat or drink after midnight

✗ On the day of your test do not to eat or drink

✗ Do not take your medications, bring them with you

If you have any history of Kidney disease please call CDD on 02 9713 4011 to discuss your preparation needs.

COLONOSCOPY INFORMATION SHEET

UNDER - 70 YEARS OLD

BEFORE YOU START

You will need to purchase 3 sachets of Picoprep laxative from the chemist or the centre

IMPORTANT! 2 days before your procedure
stop eating seeds, whole grains, popcorn, nuts and pips
Eg. Porridge, grainy bread or muesli.

MORNING APPOINTMENT FROM 6:45 - 11:45AM

**IMPORTANT! THE DAY BEFORE, YOU CAN ONLY DRINK CLEAR FLUIDS
AND NOTHING ELSE TO EAT**

THE DAY BEFORE YOUR TEST

- 8am** - Dissolve 1 sachet of Picoprep into a glass of water or apple juice and drink it, then have 6 more cups of clear fluids over the next 2 hours, you can have more clear fluids if you wish.
- 2pm** - Dissolve 1 sachet of Picoprep in a glass of water or apple juice and drink it, then have 6 cups of clear liquids over the next 2 hours, you can have more clear fluids if you wish.
- 7pm** - Dissolve 1 sachet of picoprep in a glass of water or apple juice and drink it, then have 6 cups of clear liquids over the next 2 hours, you can have more clear fluids if you wish.

- ✗ **Do not eat or drink after midnight**
- ✗ **On the day of your test do not eat or drink**
- ✗ **Do not take your medications, bring them with you**

AFTERNOON APPOINTMENT FROM 12:00 - 4:00PM

THE DAY BEFORE YOUR TEST

- 7am** - You can have a light breakfast eg. One slice of toast, small amount of butter or margarine, no spreads or 1 boiled or poached egg and a drink.
- 8am** - **NOTHING ELSE TO EAT / CLEAR FLUIDS ONLY FROM NOW ON.**
(see page 1 for clear fluid list)
- 2pm** - Dissolve 1 sachet of Picoprep in a glass of water or apple juice and drink it, then have 6 cups of clear liquids over the next 2 hours.
- 7pm** - Dissolve 1 sachet of Picoprep in a glass of water or apple juice and drink it, then have 6 cups of clear liquids over the next 2 hours.

ON THE DAY OF YOUR TEST

- 6am** - Dissolve 1 sachet of Picoprep in a glass of water or apple juice and drink it, then have 6 cups of clear liquids over the next 1 hour.
- ✓ **Take your usual morning medications by 7am**
- ✗ **Do not eat or drink after 7am**