



Direct Access Colonoscopy Referral Form

For a positive faecal occult blood test in an asymptomatic patient. Criteria follow the Cancer Institute NSW direct access colonoscopy model of care. Referrals outside these criteria are welcome and are booked as a consultation first.

1. ELIGIBILITY: ALL THREE MUST BE TICKED

- ☐ Positive faecal occult blood test (attach result or give date and type below)
- ☐ Patient aged 45 to 75 ☐ No bowel symptoms (see exclusions)

2. REFER FOR CONSULTATION INSTEAD IF ANY APPLY

- | | |
|---|---|
| ☐ Rectal bleeding | ☐ Iron deficiency ± anaemia |
| ☐ Change in bowel habit over 6 weeks | ☐ Unexplained weight loss |
| ☐ Recurrent abdominal pain | ☐ Palpable abdominal or rectal mass |
| ☐ Age under 45 or over 75 | ☐ IHD, heart failure or valvular disease |
| ☐ Pacemaker or implantable defibrillator | ☐ MI or stroke within 3 months |
| ☐ Significant respiratory disease | ☐ Insulin-treated diabetes |
| ☐ eGFR under 60 | ☐ Cirrhosis or advanced liver disease |
| ☐ BMI over 40 | ☐ Previous sedation or anaesthetic problem |
| ☐ Active malignancy under treatment | ☐ Previous difficult or incomplete colonoscopy |
| ☐ Barrier to consent or to phone discussion | |
| ☐ Anticoagulant, dual antiplatelet therapy, clopidogrel, ticagrelor or prasugrel | |
- Aspirin alone may continue and is not an exclusion.*

3. PATIENT SAFETY: DIABETES AND WEIGHT MEDICINES

Neither excludes a patient from this pathway. Both carry a specific risk if missed. Brands below are examples only, so please name the medicine on the referral.

- ☐ **SGLT2 inhibitor. WITHHOLD 3 DAYS: the 2 days before, plus the day of the procedure**
Risk of euglycaemic ketoacidosis with bowel prep. Check the generic stem rather than the brand.
Examples: Forxiga, Jardiance, Steglatro, Xigduo, Jardiamet, Segluromet, Glyxambi, Qtern, Steglujan.
- ☐ **GLP-1 or GLP-1/GIP receptor agonist. DO NOT STOP: clear fluid day as per preparation**
Examples: Ozempic, Wegovy, Rybelsus, Trulicity, Victoza, Saxenda, Mounjaro. Flag if a same-sitting gastroscopy is likely.

4. PATIENT DETAILS

Family name		Given names	
Date of birth	Medicare number	Expiry	
Address		Postcode	
Phone	Email	Interpreter needed	
Private health fund and member number, or self funded			

5. CLINICAL DETAILS

Faecal occult blood test date	Test type (NBCSP / practice)
Current medicines, naming any anticoagulant, antiplatelet, SGLT2 inhibitor or GLP-1 agonist	
Relevant history, allergies, previous colonoscopy dates and findings	
Family history of bowel cancer, including age at diagnosis	
Please attach: faecal test result, recent full blood count and iron studies, previous colonoscopy and histology reports.	

6. REFERRING DOCTOR

Name	Provider number	
Practice	Phone	Date
Signature		