



INTESTINAL ULTRASOUND REFERRAL

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Gastroenterologist: Dr. Simon Ghaly, Dr. Craig Haifer, Dr Brandon Baraty, Dr. Hiuching (Letisia) Sin

MRN _____
Surname: _____
Given Name: _____
Date of Birth: ____/____/____ Sex: M / F
Address: _____
Phone: _____
Medicare number: _____

Date: _____
Referring Doctor: _____
Address: _____

Postcode: _____
Provider No: _____
CC (if necessary) _____

Signature: _____

Procedure by: Gastroenterologist Sonographer/Radiologist

INDICATION (Please tick)

PATIENT DESCRIBES:

- Clinical Remission
- Active Disease

CLINICIAN EXPECTS:

- Remission
- Activity

CLINICIAN BELIEVES SYMPTOMS ARE OF:

- Active IBD
- Remission
- Functional GI disorder

Other information:

IBD CLASSIFICATION (Please circle)

CROHN'S DISEASE

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

ULCERATIVE COLITIS

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

CURRENT IBD MEDICATIONS (Please tick)

- Prednisolone
- Budesonide
- 5ASA
- Azathioprine (imuran)
- 6MP (Purinethol)
- Methotrexate
- Infliximab
- Adalimumab
- Vedolizumab
- Ustekinumab
- Tofacitinib/Upadacitinib
- Ozanimod
- Nil

Other:

PREVIOUS SURGERY (Please tick)

- Nil
- Isolated small bowel resection
- Ileocaecal resection
- Right Hemicolectomy
- Left Hemicolectomy
- Subtotal Colectomy

Other.....