Northern Health

OESOPHAGEAL MANOMETRY & 24 HR pH MONITORING **REFERRAL & CONSENT**

AFFIX PATIENT IDENTIFICATION LABEL HERE
.R. NUMBER:
URNAME:
IVEN NAME:
ATE OF BIRTH:/SEX:

Oesophageal Manome	etry & 24hr	pH Monitoring	Referral
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REFERRAL & CONSENT		DATE OF E	BIRTH:	/	_/S	SEX:		
							3 points of ID o	hecke
O	esopha	geal Ma	nometry 8	& 24hr pH	l Monitorir	ng Referra	1 .	:
Patient Brochure: Oeso	phageal	Manome	etry & PH Stu	udy patien	t informatior	<u>1</u>		
Procedure: 🗆 Oe	sophage	ai Mano	metry \square	1 24 HR pl	-l Monitoring	I		
ndications for Procedu	re:							
							,	
Recent / previous inv	T				Result			
Gastroscopy	Date: _							
Сазаозоору	Date: _				Result			
Ba swallow	Yes I	No Da	te:/_		Result			
Previous oesophageal manometry	Yes I	No Da	te:/_		Result			:
Previous pH study	Yes I	No Da	te:/_		Result			•
Relevant medical hist	on	•						
History of upper gastroir		surgery				☐ Yes	□ No	٦
Pregnant						☐ Yes	□ No	
Diabetes mellitus ☐ Typ						☐ Yes	□ No	-
☐ Type 1 ☐ Type 2 History of connective tissue disorder						☐ Yes	□ No	
☐ Yes (when det Current medications:	nosis of II H2 rec ermining	GORD is eptor an	uncertain): <i>tagonists a</i> e to PPI the	ind PPIs for	or 7 days p	eflux disea	se)	·
Clinician Name:				Designa	tion:			
Signature:				Date:		Time:	::	
Private Patient Referra	l and Re	esult Det	ails:	Pleas	e Email Ref	erral to:	·	
Dr Name:				NH-Glinvestigations@nh.org.au				
Address								
Phone Number:		a the stage and a stage at the						
Fax / Email Results to:	<u> </u>							
Office Use Only								
Date referral received:	/_		Receiv	ed by: (p	rint name)			

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Please email form to NH-Gilnvestigations@nh.org.au.

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Oncology and Medical Day Unit Phone: 8468 8664



Northern Health

OESOPHAGEAL MANOMETRY & 24 HR pH MONITORING REFERRAL & CONSENT

AFFIX	PAŢI	ENT IDE	NTIFICA	TION LABEL HERE	<u>.</u>
J.R. NUMBER:					
SURNAME:					••••
SIVEN NAME:					
DATE OF BIRTH:				SEX:	

	REFERRAL & CONSENT	DATE OF BIRTH	:		SEX:	-
J	Oesophageal Man	ometry & 24hr	pH Monitor	ing Cons	sent	
D	ave you had any operations to your roo you have trouble swallowing? To you have any allergies?	nose or throat?	☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No		
	esophageal Manometry and the Oe sophageal function and acid levels: The risks are minimal, but it may talk and breathe permally.		-	-		can
	 talk and breathe normally. Minor side effects such as a sor larynx irritation may occur. Local anaesthetic spray will be a Other specific risks to the patien 	used to numb yo	ur nose and	throat pri	ior to the procedure.	nd
Pa	tient Consent					
un I h co	(given names) (sumame) derstand the procedure noted above ave been allowed to ask questions nsent to/ authorize the above mention gnature:	, along with risks which have bee ned procedure/ti	and alterna en answered reatment bei	tives of d I to my s ng perfor	liagnosis and treatme atisfaction and I here	nt.
De	claration by the Appropriately Qua	alified Clinician	:			
	given names) (surname) e procedure and its risks to the above of opinion he/she has understood all the	•		_	Clinician have explain nt Decision Maker. In	
	gnature: ite:/ Time::		Designation	: 		_
	se of Interpreter Services: Interpreter Service is required: If yes, is a qualified interpreter preserver statement: I have given a translation in	ent: □ No	☐ Yes	-	e:	
	verbal and written information given appropriate qualified Clinician.					
Int	erpreter Name:	S	ignature:			_
Da	ate://					

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