



HEALTH

NORTHERN

<p>Northern Health</p> <p><b>OESOPHAGEAL MANOMETRY &amp; 24 HR pH MONITORING REFERRAL &amp; CONSENT</b></p>	AFFIX PATIENT IDENTIFICATION LABEL HERE	
	U.R. NUMBER: _____	
	SURNAME: _____	
	GIVEN NAME: _____	
DATE OF BIRTH: ____/____/____		SEX: _____

3 points of ID checked

**Oesophageal Manometry & 24hr pH Monitoring Referral**

Patient Brochure: Oesophageal Manometry & PH Study patient information

Procedure:  Oesophageal Manometry  24 HR pH Monitoring

Indications for Procedure: \_\_\_\_\_  
\_\_\_\_\_

**Recent / previous investigations**

Gastroscopy	Date: ____/____/____			Result
	Date: ____/____/____			Result
Ba swallow	Yes	No	Date: ____/____/____	Result
Previous oesophageal manometry	Yes	No	Date: ____/____/____	Result
Previous pH study	Yes	No	Date: ____/____/____	Result

**Relevant medical history**

History of upper gastrointestinal surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes mellitus <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
History of connective tissue disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Anti-reflux Medication:**

**Study to be performed while continuing anti-reflux therapy?**

- No (when diagnosis of GORD is uncertain):  
*Cease all H2 receptor antagonists and PPIs for 7 days prior to procedure.*
- Yes (when determining response to PPI therapy, eg in refractory reflux disease)

Current medications: \_\_\_\_\_  
\_\_\_\_\_

Clinician Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:

<p><b>Private Patient Referral and Result Details:</b></p> <p>Dr Name: _____</p> <p>Address: _____</p> <p>Phone Number: _____</p> <p>Fax / Email Results to: _____</p>	<p><b>Please Email Referral to:</b></p> <p><u>NH-GIInvestigations@nh.org.au</u></p> <p>Oncology and Day Medical Unit Phone number: 8468 8664</p>
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**Office Use Only**

Date referral received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Received by: (print name) \_\_\_\_\_

Please email form to NH-GIInvestigations@nh.org.au. Oncology and Medical Day Unit Phone: 8468 8664

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