Monash Health Imaging

Intestinal Ultrasound Referral

Monash Imaging, Monash Health
Monash Medical Centre
246 Clayton Road, Clayton 3168
Casey Hospital
62-70 Kangan Drive, Berwick VIC 3806

Identity

UR#: .....

MH Clinic ☐ Private patient ☐

Surname: .....

Given name: .....

Date of Birth: ...../...../..... Sex: M / F

Address: .....

..... Postcode: .....

Phone: .....

Weight, Height, BMI: .....

IUS may be unsuitable for BMI > 30

Date: ...../...../.....

Referring Doctor: .....

Address: .....

.....

..... Postcode .....

Provider No: .....

Name and Provider number MUST be provided (and legible) for referral to be actioned / accepted

CC (if necessary) .....

.....

Signature: .....

Situation

TIMING & LOCATION (Please tick)

Timing ☐ Next Available ☐ Other: .....

Preferred Location ☐ Any ☐ Clayton (Tues/Wed AM) ☐ Berwick (Mon AM)

INDICATION (Please tick)

☐ Clinical Remission ☐ Active Disease ☐ Post operative assessment

☐ Disease Extent ☐ Stricture Assessment ☐ PICCOLO

☐ Pre-conception ☐ 1st Tri ☐ 2nd Tri (before 20/40)

Other / Details: .....

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.....

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Background

IBD CLASSIFICATION (Please circle)

CROHN'S DISEASE

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

ULCERATIVE COLITIS

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

Assessment

CURRENT MEDICATIONS (Please tick)

☐ Prednisolone ☐ Azathioprine (Imuran)
☐ Budesonide ☐ 6MP (Purinethol)
☐ Tofacitinib ☐ Methotrexate
☐ Sulfasalazine ☐ Infliximab
☐ Mesalazine ☐ Adalimumab
☐ Golimumab ☐ Ustekinumab
☐ Vedolizumab ☐ Nil

Other: .....

PREVIOUS SURGERY (Please tick)

☐ Nil
☐ Isolated small bowel resection
☐ Ileocaecal resection
☐ Right Hemicolectomy
☐ Left Hemicolectomy
☐ Subtotal Colectomy
☐ Kono-S anastamosis

Other: .....

Request

All referral forms to be sent via fax or scanned & emailed:

Monash Medical Centre (Clayton)
Fax: 9594 6693
Email: dicentral@monashhealth.org

Casey Hospital (Berwick)
Fax: 8768 1956
Email: caseyimaging@monashhealth.org

Any Enquiries: 9594 2200 (Clayton) or 8768 1279 (Berwick)

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