

Affix patient label here

Colonoscopy referral information

Patient details

Patient name

Medicare number

Address

Phone (M/H)

Date of birth / / Age

Next of kin

Next of kin phone number

Gender Male Female Non-binary

Privately insured

Aboriginal or Torres Strait Islander:

 No Yes – Aboriginal Yes – Torres Strait Islander Yes – Aboriginal and Torres Strait Islander

Interpreter required? Yes No Language (specify)

Investigation(s) for consideration:

 Colonoscopy Flexible-sigmoidoscopy Other: Reason

Diagnosis to be confirmed or refuted:

Referral information

Date of referral / /

Referring practice

Referring doctor (print)

Email

Phone/pager

Signature

Referred to

Indication A: Symptoms, signs and/or investigation findings prompting referral

- Positive iFOBT NBCSP
- Anaemia: (provide results below)*
- Rectal bleeding, duration weeks
- Change in usual bowel habit, duration weeks
- Diarrhoea (stool culture negative), duration weeks
- Unexplained abdominal pain > than 6 weeks
- Unexplained weight loss
- Palpable mass Abdominal Rectal

Recent relevant pathology results can be added in this section.

Please provide results:

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Indication B: Surveillance

(see details over page for groups)

Date of last colonoscopy
(Provide a copy of results) / /

Adenoma surveillance group:	A	B	C	D	E	
IBD surveillance group:	1	2	3	4	5	Date of IBD diagnosis / /
						Date of primary sclerosing cholangitis diagnosis / /
Family history risk category:	1	2	3	Syndrome		
Colorectal cancer	Date of diagnosis		/	/		

Past medical history/active co-morbidities

Past medical history:

Allergies and Current Medicines

Currently using anti-platelet or anti-coagulant medicine: Yes No

Current medicines:

Allergies/Adverse reactions:

Smoking	Yes	No	Alcohol	Units per week		BMI
Is the patient ambulant and independent?	Yes	No				
Is an overnight stay required?	Yes	No				

Colonoscopy Surveillance Guidelines

Based on Cancer Council Australia Clinical Practice Guidelines for Colorectal Cancer (2017) and Surveillance Colonoscopy (2019)

Family History	
Family history	Recommendation
Category 1 <ul style="list-style-type: none"> No first degree relative (FDR) or second degree relative (SDR) with colorectal cancer (CRC) 1 FDR with CRC age ≥ 55 1 FDR and 1 SDR with CRC age ≥ 55 	Faecal occult blood test (FOBT) 2 yearly from age 50-74
Category 2 <ul style="list-style-type: none"> 1 FDR with CRC age < 55 2 FDRs with CRC at any age 1 FDR + ≥ 2 SDR with CRC at any age 	FOBT 2 yearly from age 40-49 then Colonoscopy 5 yearly from age 50-74
Category 3 <ul style="list-style-type: none"> ≥ 3 FDR or SDR with CRC, ≥ 1 age < 55 ≥ 3 FDR with CRC at any age 	FOBT 2 yearly from age 35-44 Colonoscopy 5 yearly from age 45-74 Consider genetics referral

Inflammatory Bowel Disease (IBD) surveillance		
Group	Clinical situation	Recommendation
1	Ulcerative colitis (UC) or Crohn's disease affecting $>1/3^{\text{rd}}$ colon	Start at 8 years disease duration
2	If primary sclerosing cholangitis (PSC) or significant family history CRC	Start at diagnosis
3	If any of active disease, PSC, significant family history CRC, colon stricture, multiple inflammatory polyps, dysplasia	Annual colonoscopy
4	If inactive or low risk family history CRC	3 yearly colonoscopy
5	If 2 prior normal colonoscopies	5 yearly colonoscopy

After Curative Surgery for Colorectal Cancer	
<ul style="list-style-type: none"> Complete examination of the colon before or within 6 months of surgery (where the proximal colon was not visualised) Subsequent colonoscopy at 1 year, then 3-5 yearly (or as per polyp guidelines) 	

After Polypectomy (first surveillance colonoscopy)		
Group	Findings at index colonoscopy	Recommendation
A	<ul style="list-style-type: none"> ≤ 2 tubular adenomas $< 10\text{mm}$ 	10 years or National Bowel Cancer Screening programme FOBT
B	<ul style="list-style-type: none"> 3-4 tubular adenomas $< 10\text{mm}$ ≤ 2 Sessile serrated polyps (SSP) $< 10\text{mm}$ 	5 years
C	<ul style="list-style-type: none"> 5-9 adenomas $< 10\text{mm}$ Adenoma $\geq 10\text{mm}$ or high grade dysplasia (HGD) or villous 3-4 SSP $< 10\text{mm}$ 1-2 SSP $> 10\text{mm}$ or dysplastic or traditional serrated adenoma (TSA) Hyperplastic Polyps (HP) $\geq 10\text{mm}$ 	3 years
D	<ul style="list-style-type: none"> ≥ 10 adenomas $< 10\text{mm}$ 5-9 adenomas, $\geq 10\text{mm}$ or HGD ≥ 5 SSPs $< 10\text{mm}$ ≥ 3 SSPs, $> 10\text{mm}$ or dysplasia or TSA 	1 year Consider genetics referral
E	<ul style="list-style-type: none"> Piecemeal resection of large sessile polyps ($> 20\text{mm}$) 	3-6 months, then 1 year, then 3 years, then 5 yearly

After Polypectomy (second surveillance colonoscopy)				
Total number of adenomas + SSPs at 2nd Colonoscopy	Low risk Adenoma		High risk Adenoma	
	Advanced SSP		Advanced SSP	
	No	Yes	No	Yes
0-2	5Y	3Y	3Y	3Y
3-4	3Y	3Y	1Y	1Y
5-9	1Y	1Y	1Y	1Y
≥ 10	1Y	1Y	1Y	1Y

Adapted by Dr Gregor Brown, Head of Endoscopy, Alfred Hospital, 2019; revised November 2020.