Centre for Swallowing & Oesophageal Disorders
Referral for Oesophageal Physiology Studies

Dr Santosh Sanagapalli ***BSc(Med) MBBS PhD FRACP***
Referrals to - Fax: +612 8382 3983 OR Email: SVHS.Gastro@svha.org.au

1) PATIENT DETAILS:

Name: ……..

Address: ……

…….. **MRN:** ……...……

Medicare No: …… **Gender:** M / F

DOB: …… **Tel:** ……

Email: …….

OFFICE USE
HRM ☐
pH ☐ pH-Z ☐
ON ☐ OFF ☐
Urgency:
Other:

2) TESTS REQUESTED:

☐ Oesophageal high-resolution manometry

☐ Ambulatory 24h oesophageal reflux monitoring

3) INDICATION(S):

☐ Dysphagia ☐ Regurgitation ☐ Heartburn ☐ Suspected GORD – Tests *off* PPI/H2RA 7d

☐ Established GORD (LA C/D oesophagitis, Barrett's, or prior positive pH study) – Tests *on* PPI/H2RA

☐ Chest Pain ☐ Other/Comments: ……...

……..

……..

4) CLINICAL INFORMATION:

Medications (Please circle): PPI H2RA Opiates Prokinetic

Endoscopy: ……...……...

Barium: ……..…….....

5) REFERRING DOCTOR'S DETAILS (including provider no, fax/email for report):

……

……

……

Signed: …….. Date: …….....