

Dr Simon Louis - FRACP, MBBS

Gastroenterologist

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Gastroscopy Consent

Please answer the following questions at home prior to commencing preparation for gastroscopy.

1. Do you understand what is being done, and why?

Yes/No

2. Do you understand the risks associated with this procedure?

Yes/No

3. Have you fasted for 6 hours prior to this procedure?

Yes/No

4. Do you suffer from any allergies?

Yes /No

5. Do you have a companion with you to drive you home?

Yes/No

I have read and understand all of the information I have been given regarding gastroscopy.

I consent to Dr Simon Louis performing gastroscopy and understand the risks involved.

Name.....**DOB**...../...../.....

Signature.....**Date**...../...../.....

Doctors signature.....**Date**...../...../.....

COMPLETE & BRING WITH YOU ON DAY OF THE PROCEDURE