

Colonoscopy referral information

Colonoscopy Clinical Care Standard

A comprehensive and complete referral from referring clinicians to colonoscopy services and specialists enables the timely and accurate assessment of patients according to clinical urgency and appropriateness.

Elements of a comprehensive referral, as described in Quality Statement 1 of the Colonoscopy Clinical Care Standard, are outlined below. This guidance is provided for:

- **Clinicians making referrals** - to ensure sufficient information is provided to receiving services and specialists to accurately assess the patient's suitability for, and urgency of, colonoscopy.
- **Clinicians and healthcare services receiving referrals** - to enable them to provide referral guidelines to referring clinicians, identifying the type of clinical information required.

Each has a responsibility to support effective communication of referral information.

Table 1 Key components required for a comprehensive referral

Component of a referral	
Patient Information	
<p>Patient details, including Aboriginal and Torres Strait Islander status, interpreter needs</p> <p>Social circumstances – is additional support required? (e.g. will the patient manage bowel preparation independently, be able to return home safely after the procedure, be required to travel long distances)</p>	<p>Allows early identification of patients who may need extra support and for pre-planning to support access to colonoscopy.</p>
Referrer information	
Date of referral, referring doctor and practice	
Reason for referral	
<p>Indication for referral, for example:</p> <ul style="list-style-type: none"> • Positive screening test - immunochemical faecal occult blood test (iFOBT) • Surveillance colonoscopy • Signs and symptoms 	

The clinical concern: for example, cancer, inflammatory bowel disease

Presenting signs and symptoms including:

- Rectal bleeding, duration (weeks)
- Unexplained abdominal pain > than 6 weeks
- Unexplained weight loss
- Change in usual bowel habit, duration (weeks)
- Palpable mass (abdominal, rectal)
- Anaemia*

*Consider heavy menstrual bleeding in menstruating women as a cause of anaemia

Previous investigations

Positive iFOBT and whether it was through the National Bowel Cancer Screening Program

Previous colonoscopy, date of procedure, and findings including histopathology

Recent relevant pathology results (e.g. Hb, stool cultures)

Indicates whether a positive iFOBT was through the national screening program to support reporting in the National Cancer Screening Register.

Past medical and family history

Relevant past medical history including comorbidities

Family history including:

- Bowel and other cancers
- Known genetic predispositions

Promote awareness of Cancer Council Australia's [Clinical practice guidelines for the prevention, early detection and management of colorectal cancer](#) recommendations for risk and screening based on family history.

Medicines and allergies

Current medicines including:

- Antiplatelets
- Anticoagulants
- Diabetes medicines
- Medicines to lose weight

Allows management of potential interactions and other adverse effects from bowel preparation or the procedure for patients taking these medicines.

Previous relevant treatment

For example, previous cancer treatment

For more information

Find out more about the Colonoscopy Clinical Care Standard and other resources for consumers, clinicians and healthcare services, visit safetyandquality.gov.au/colonoscopy-ccs.

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