

# John Hunter Hospital

## IBD Service IUS

### Request Form

All forms should be downloaded as  
a PDF and emailed to  
Dr Tom Goodsall  
[thomas.goodsall@health.nsw.gov.au](mailto:thomas.goodsall@health.nsw.gov.au)

Patient First Name

Patient Last Name

Mobile Phone Number

Patient HNE MRN (If known)

Patient Medicare number

Date of Referral

Referral to

Referring Doctor

IBD Medications

Diagnosis

Crohn's Disease Age of Onset

Ulcerative Colitis Extent

Crohn's Disease Behaviour

Further clinical detail here

Perianal Disease

Crohn's Disease Location

Indication

Previous Abdominal Surgery

If 'Other' Detail below

If 'Other', detail below

Time Frame

Urgent - Call IBD Fellow

30 Days

90 Days

Person Submitting Form

Contact Details

Email form to

[thomas.goodsall@health.nsw.gov.au](mailto:thomas.goodsall@health.nsw.gov.au)