

**Peterborough Community Endoscopy Service**

6-10 Thistle Moor Road, New England Peterborough PE1 3HP

Patient Referral Centre Contact Number: 0333 202 3187

**Colonoscopy - Referral Form**

<b>Patient Name</b>	<b>GP Name</b>
Date of birth	Address
Address	
Tel No:	Postcode
Mobile:	Tel No
NHS Number	Fax Number
Date of Referral	

Indications for Colonoscopy:					
Diabetes	Yes	No	Anticoagulant therapy	Yes	No

Criteria for Colonoscopy at this unit:

***This procedure is not a replacement for the cancer 2 week referral system.***

Unexplained chronic iron deficiency anaemia (please record se fe, tbc, and ferritin):

Family history:

One or more first degree relative who had colorectal cancer before 60yrs of age.

Family history of HNPCC or polyposis coli:

History of colo rectal cancer: (follow up 5 yearly after 2 years)

History of adenomas: follow up 5yearly-if 1-2 polyps<1cm; 3yearly- if 3-4polyps <1cm or 1 polyp>1cm; 1yearly- if >5polyps < 1cm or 2 polyps >1cm)

Previous history of Inflammatory Bowel Disease : (follow up 5 yearly if no dysplasia).

**Please note:** Your patient will be prescribed **Moviprep prior to their procedure**, by completing the referral you will be informing us that you deem the patient fit to take the medication.

*Colonoscopy is not without risk and patients should be informed that there is a 1:1000 risk of perforation, increasing to 1:500 during removal of caecal polyps.*

*Patients usually receive pethidine, midazolam, and often buscopan, during the procedure, and allergy or contra-indication to these medications should be checked.*

***Consider flexible sigmoidoscopy for L sided symptoms (bright or fresh rectal bleeding, diarrhoea)***

Medication:-	Other diseases:-	Previous Investigations:-

<b>What to do now</b>	This form should be emailed immediately to: <a href="mailto:inl.inhealthreferrals@nhs.net">inl.inhealthreferrals@nhs.net</a> or faxed to: <b>0333 200 1163</b> . Your patient will not be offered an appointment until the referral form is received.
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