

Peterborough Community Endoscopy Service

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

Patient Referral Centre Contact Number: 0333 202 3187

Upper Endoscopy - Referral Form

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

Faecal HP antigen must be tested before endoscopy referral. The antigen clears after eradication of HP. (Unless urgent investigation required.)

A period of Test and Treat may well avoid an unnecessary endoscopy and is recommended by the NICE guidelines.

Result of Faecal HP antigen _____

Without results, patients will not be offered a date and referrals will be returned

<u>Urgent:</u> This procedure is not a replacement for the 2 week cancer referral	
Dysphagia	
Weight loss	
Vomiting	
Anaemia	
<u>Soon: Over 55yrs</u>	
New symptoms of:	
Continuous or persistent Dyspepsia	
Heartburn	
Reflux symptoms	
Unexplained upper GI symptoms	
<u>Routine</u>	
Poor symptom response to test and treat	
Poor symptom response to lifestyle advice	
<u>Under 55's</u> please summarise need for test outside of NICE guidelines	

Medication	
Other Diseases	Previous Investigations
Further Details	

What to do now	This form should be emailed immediately to: inl.inhealthreferrals@nhs.net or faxed to 0333 200 1163 . Your patient will not be offered an appointment until the referral form is received.
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