**Please fax this referral to 08454 370343**

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| **ALARM SYMPTOMS: Patient with any of these symptoms should be referred into appropriate 2WW service** |
| * Rectal bleeding and change in bowel habit > 40 years.
* Rectal bleeding, no change in bowel habit > 60 years.
* Change in bowel habit > 60 years.
* Iron deficient anaemia of < Hb11 in men or <HB10 in post menopausal women.
* Rectal mass
* Abdominal mass
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| **Patient Details** | **Referrer details** |
| Surname: |  | Referring GP: |  |
| Forename: |  | Usual GP: |  |
| Address: |  | Address: |  |
| Postcode: |  | Postcode: |  |
| Home tel: |  | Tel: |  |
| Daytime tel: |  | Fax: |  |
| Date of Birth |  |  |  |
| NHS Number: |  |  |  |

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| **INVESTIGATION REQUEST DETAILS** |
| Current Request |
| Flexi Sigmoidoscopy [ ]  | Colonoscopy [ ]  | Colonoscopy and Gastroscopy [ ]  |
| Patient had previous endoscopy? | [ ]  Yes [ ]  No | Date (DD/MM/YYYY):        |
| If yes, what type of previous endoscopy?  | [ ]  Gastroscopy [ ]  Flexi Sigmoidoscopy [ ]  Colonoscopy |

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| Reason for request: |  |
| Relevant clinical history: |  |

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| **MEDICAL INFORMATION**  |
| *Note: If your patient requires sedation, they must have an escort home and have observation overnight.* |
| *Note: Your patient will:** *Need To undertake bowel preparation*
* *Be able to turn 180° (Left to right side) on a trolley*

*Alternative imaging may be appropriate for frail/elderly patients not able to manage the above.* |
| Does the patient have capacity to give informed consent?  | [ ]  Yes [ ]  No |
| Is this patient diabetic?  | [ ]  Yes [ ]  No If yes, is the patient Insulin dependent? [ ]  Yes [ ]  No  |
| Is the patient on Warfarin? | [ ]  Yes [ ]  No Duration:        |
| Is the patient on Clopidogrel? | [ ]  Yes [ ]  No Duration:        |

If you have answered ‘yes’ to any of the questions above, please ensure that you include any additional relevant clinical information above.

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| **PREFERRED TREATMENT LOCATION (please circle the preferred location)** |
| Cirencester |

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