**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: |  |  |  | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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 | | |  |  |  | | --- | --- | | Reason for request: |  | | Relevant clinical history: |  |  |  |  | | --- | --- | | **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.   |  |  | | --- | --- | | **PREFERRED TREATMENT LOCATION (please circle the preferred location)** | | | Cirencester | |
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