**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** |
| * Dysphagia * Epigastric mass * Unexplained, persistent new dyspepsia, aged >55 yrs * Unintentional weight loss * Persistent vomiting * Iron deficiency anaemia with no obvious cause * Obstructive jaundice |

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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** | | | | Gastroscopy (Upper GI) |  | | | 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 the patient requires sedation, they must have an escort home and have observation overnight* | | | 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.   |  |  |  | | --- | --- | --- | | H Pylori status: | Positive  Negative  Not known | | | NSAID: | Yes  No Duration (weeks): | Must continue:  Yes  No | | PPI/H2 antagonist: | Yes  No Duration (weeks): | Patient responded  Yes  No |  |  |  | | --- | --- | | **PREFERRED ENDOSCOPY LOCATION (please circle the preferred location)** | | | Cirencester | |