

Direct to Test Upper Endoscopy

Please attach this form to your E-referral (Choose and Book).

If you experience any problem, contact the Endoscopy Booking co-ordinator on 01908 996907 or 01908 996905.

Note that we do not accept referrals via fax or post. E-referrals that do not have this pro-forma attached will be rejected.

Patient Details	
Name:	Date of Birth:
	Sex: Male/Female
Address:	NHS Number:
	Hospital Number:
	Interpreter Required Yes/No
Post Code:	First Language:
Please tick number(s) for use in the next 24 hours ✓	
Telephone Home: _____	
Work: _____	
Mobile Telephone: _____	
GP Details	
GP Name:	Telephone Number:
	Fax Number:
Practice:	Date of Referral:

Gastroscopy

Symptoms	Yes	No	Comments	Yes	No
Dyspepsia despite Test and Treat for H. pylori			<i>Acid suppression: PPI or H2A</i>		
Worsening Dyspepsia with resistant Helicobacter Pylori			CLO Test Results (please tick) <input type="checkbox"/> +pos <input type="checkbox"/> -neg		
Severe reflux not responding to treatment and lifestyle measures					
Post-treatment for Gastric ulcer and bleeding Duodenal ulcer					
Post Oesophageal ulcer (for healing)					
Suspected Coeliac disease			EMA or TTG checked Results (please tick) <input type="checkbox"/> +pos <input type="checkbox"/> -neg		
Barrett's surveillance					
Screening for Oesophageal Varices in chronic liver disease			H/O cirrhosis		

Please fill relevant medical history on page 2

Endoscopy Unit Health Screen Form for risk assessment

Name _____ DOB _____

MRN _____ Contact telephone number _____

Does the patient have a history of:	Yes	No	If yes, please give details
Cardiac: IHD, MI, heart failure			
Do they have a: Pacemaker, ICD, CRT Coronary stents, Mechanical heart valve (s)			
Stroke in the last 3 months			
Respiratory: COPD, Asthma, Emphysema			
Diabetes			
Epilepsy			
Blood disorders			
Abdominal surgery such as: Gastrectomy, Bariatric, Hysterectomy, Bowel surgery			
Kidney or liver failure, Dialysis, Organ transplant			
Hypertension			

Does the patient take any of the following medication:	Yes	No	If yes, please give details of dose, reason for medication and timescale when medication started
PPI or H2A			Stop PPI 2 weeks before the procedure
Iron tablets (Stop 1 week before endoscopy)			
Anti-coagulant therapy:			
Warfarin			a. Indication: b. Can this be stopped for 5 days? yes / no
Clopidogrel (Plavix)			Indication:
Aspirin			
Dalteparin/ Heparin			
Diabetic medication:			
Insulin			
Tablets			

Does the patient have any known allergies?	Yes	No	If yes, any details;

Please list any other medication that the patient is currently taking	Dose	How often	Any comments

Any other relevant comments or information

Signature _____ Date _____

Print Name _____