

Inhealth Endoscopy Ltd – Gloucestershire Direct Access Community Endoscopy Service Gastroscopy Request Form

Please fax this referral to 08454 370343

ALARM SYMPTOMS: Patient with any of these symptoms should be referred into appropriate 2WW service
<ul style="list-style-type: none"> Dysphagia Epigastric mass Unexplained, persistent new dyspepsia, aged >55 yrs Unintentional weight loss Persistent vomiting Iron deficiency anaemia with no obvious cause Obstructive jaundice

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) <input type="checkbox"/>		
Patient had previous endoscopy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date (DD/MM/YYYY):
If yes, what type of previous endoscopy?	<input type="checkbox"/> Gastroscopy <input type="checkbox"/> Flexi Sigmoidoscopy <input type="checkbox"/> Colonoscopy	
Reason for request:		
Relevant clinical history:		

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MEDICAL INFORMATION	
<i>Note: If the patient requires sedation, they must have an escort home and have observation overnight</i>	
Does the patient have capacity to give informed consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this patient diabetic?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the patient Insulin dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient on Warfarin?	<input type="checkbox"/> Yes <input type="checkbox"/> No Duration:
Is the patient on Clopidogrel?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not known		
NSAID:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duration (weeks):	Must continue: <input type="checkbox"/> Yes <input type="checkbox"/> No
PPI/H2 antagonist:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duration (weeks):	Patient responded <input type="checkbox"/> Yes <input type="checkbox"/> No

PREFERRED ENDOSCOPY LOCATION (please circle the preferred location)
Cirencester