

Name:

Date of Birth: DD / MM / YYYY

MRN Number:

NHS Number:

(OR AFFIX HOSPITAL LABEL HERE)

Endoscopy Referral Form

Gastroscopy <input type="checkbox"/>	Colonoscopy <input type="checkbox"/>	Flexible Sigmoidoscopy <input type="checkbox"/>	Date
Inpatient <input type="checkbox"/>	Outpatient <input type="checkbox"/>	Routine <input type="checkbox"/>	Urgent <input type="checkbox"/>
Hospital		Ward	
Cheltenham General Hospital <input type="checkbox"/>	Gloucestershire Royal Hospital <input type="checkbox"/>		
Cirencester Hospital <input type="checkbox"/>	Stroud Hospital <input type="checkbox"/>		

Indication (lower GI) – see overleaf	Tick	Indication (upper GI)	Tick
Rectal bleeding		Haematemesis	<input type="checkbox"/>
Altered	<input type="checkbox"/>	Meleana	<input type="checkbox"/>
Fresh	<input type="checkbox"/>	Dysphagia	<input type="checkbox"/>
Positive FOB	<input type="checkbox"/>	Epigastric pain	<input type="checkbox"/>
Melaena (normal OGD)	<input type="checkbox"/>	Positive TTG / EMA	<input type="checkbox"/>
Altered bowel habit		Nausea / vomiting	<input type="checkbox"/>
Increased frequency	<input type="checkbox"/>	Dyspepsia (see NICE guidance)	<input type="checkbox"/>
Increased looseness	<input type="checkbox"/>		
Assessment of IBD	<input type="checkbox"/>		

Abnormal imaging / examination		
Iron deficiency Anaemia (either ferritin or MCV must be low)	Hb	Date DD / MM / YYYY
	Ferritin	MCV

Surveillance (please tick)		
Colorectal cancer <input type="checkbox"/>	Inflammatory bowel disease <input type="checkbox"/>	Barrett's oesophagus <input type="checkbox"/>
Colonic polyps <input type="checkbox"/>	Family history of bowel cancer <input type="checkbox"/>	Varices <input type="checkbox"/>

Duration / Details (indicate if the patient has learning difficulties / psychiatric problems / is on hospital transport or has mobility issues / requires a translator – these impact on the procedure time and points required)

High risk patients (please tick)		Stop anticoagulants / anti-platelets? (see anticoagulation guidelines)
Anticoagulants <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Details:
Antiplatelets <input type="checkbox"/>	Chronic kidney disease <input type="checkbox"/>	
Neutropenia <input type="checkbox"/>	NYHA IV heart failure <input type="checkbox"/>	
Patient is at risk of vCJD Yes <input type="checkbox"/> No <input type="checkbox"/>		CPE Yes <input type="checkbox"/> No <input type="checkbox"/>

Referrer	Signature	Bleep
Referring Consultant		
For colonoscopy: I certify that this patient is medically fit to undertake the bowel preparation necessary for colonoscopy		
eGFR result	Bowel preparation required: Standard <input type="checkbox"/> P l e n v u ® <input type="checkbox"/> Extended Bowel Prep <input type="checkbox"/> Phosphate enema <input type="checkbox"/>	
Klean-Prep should be prescribed for patients eGFR less than 45, NYHA class IV heart failure, severe constipation and for inpatients. Iron supplements should be stopped 10 days before flexible sigmoidoscopy or colonoscopy		

Office Use Only	
Vetting Consultant Signature	
Urgent / routine / unsuitable – reason:	
Points allocation	Date

