Gloucestershire Hospitals **NHS**

NHS Foundation Trust

Endoscopy Referral Form

Name:
Date of Birth: DD / MM / YYYY
MRN Number:
NHS Number:
(OR VEELA HOSBILVI I VBET HEBE)

						(OR AFFIX I	позги	AL LABEL I	TERE)			
Gastroscopy		(Colono	scopy 🗖	Fl	exible Sigmoid	oscop	у 🗆		Date		
Inpatient Outpatient						Routine 🗖		Urgent		2WW 🗖		
Hospital	Cheltenh Cirences			ospital 🗖		estershire Royal Hospital	ospita			Ward		
Indication (lo	wer GI) -	see o	verlea	f	Tick	Indication (up	Tick					
Rectal bleedi	ng					Haematemesis	S					
Altered						Meleana						
Fresh						Dysphagia						
Positive FOB						Epigastric pain						
Melaena (normal OGD)						Positive TTG /						
Altered bowe	el habit					Nausea / vom						
Increased frequ	ency					Dyspepsia (see	e NICE	guidan	ice)			
Increased loose	ness											
Assessment of												
Abnormal im			tion	T								
Iron deficiend (either ferritin d				Hb				Date	D	D / MM / YYYY		
(either ferritin c	or ivicy mu	ist be io	W)	Ferritin				MCV				
Surveillance	(please tick	<)										
Colorectal cand	er			Inflammatory	bowel disea	oowel disease			1 3			
Colonic polyps					y of bowel ca	bowel cancer						
				act on the proc	edure time ar	Stop anticoage		ts / ant	i-nl	ataletc?		
High risk pat	ients (plea	ase tick)				Stop anticoagulants / anti-platelets? (see anticoagulation guidelines)						
Anticoagulants			Diabe	tes		Details:						
Antiplatelets			Chron	nic kidney disea	ase 🗖							
Neutropenia			NYHA	NIV heart failur	re 🗖							
Patient is at risl	k of		vCJD	Yes 🗆 No		CPE Yes 🖵	No 🗆	1				
Referrer					Signature					Bleep		
Referring Cor	nsultant											
For colonos	copy: I d	ertify t	hat this	s patient is me	edically fit to	undertake the b	oowel	prepara	atior	necessary for colon	oscopy	
eGFR result					eparation rec		d 🗖	Plen	vu	® 🗖 Extended Bo	wel Prep	
						A class IV heart fa oscopy or colonosc		severe c	onst	ipation and for inpatie	nts.	
Office Use Only												
Vetting Consultant Signature												
Urgent / routin			eason:									
Points allocation	n					Date						

Endoscopy use only									
Date referral received: DD / MM / YYYY									
Allocated to list	Date of list DD /		Allocated by						
Ward informed? Yes □ No □		Trolley 🖵 🤇	Chair 🗖	Oxygen 🗖	Bed 🖵	(please tick)			
Name of ward staff information given to									
Procedure cancelled? Yes □ No □	Reason for cancellat	ion:							
Correspondence with ward staff / referring doctor (please document clearly):									
						1			
Indications for colonoscopy						Age threshold			
A right lower abdominal mass consistent with i		arge bowel				All ages			
A palpable intraluminal rectal mass on PR exam	nination					All ages			
*Unexplained iron deficiency anaemia:									
• In men and non-menstruating women						All ages			
• In pre-menopausal women				Over 50 years					
 In pre-menopausal women with lower GI sym (one affected first degree relative less the 4 				Less than 50 years					
Rectal bleeding persisting for 6 weeks or more		directed instit	acgree re	idii vesy		Over 50 years			
Change in bowel habit to looser stools and/or m		persisting for 6	weeks or	more WITHOU	JT				
rectal bleeding (in patients under 45 years the y	rield of flexible sigmoidoscopy and colonic biopsy is					Over 45 years			
substantially different from colonoscopy)									
Rectal bleeding WITH a change in bowel habit 6 weeks or more	towards looser stoo	ls and/or incre	ased stoo	ol frequency pe	ersisting	40 years and older			
Suspected iliocaecal Crohn's disease i.e. right s	ided nain loose stor	olc anagmia l	ow albun	nan waight lo	cc atc	All ages			
· · · · · · · · · · · · · · · · · · ·									
	ve affected by colorectal cancer when aged less than 45 year of any age (people with lesser family history do not merit				ears	Age 35 or above			
surveillance over and above that recommended					Repeat at 55				
For evaluation of an abnormality on barium en	ema or other imaging	g study				All ages			
Completion of staging in patients with bowel of	ancer diagnosed at s	sigmoidoscopy				All ages			
Metastatic adenocarcinoma of unknown primary management	site when colonosco	opic findings of	a tumou	r will influence		All ages			
Surveillance or disease assessment in patients w	<i>i</i> ith IBD, previous ade	enomatous poly	ps and p	revious bowel		All ages			

cancer, (BSG guidelines)