

CCG Gastroscopy Referral Form

Please send this form as an e-Referral attachment with UBRN to the Referral Support Service as an Urgent Gastro Referral

Consultant Advice also available RUH Gastro Advice email Ruh-tr.gastroadvice@nhs.net and Consultant Connect

Do not send 2WW to RSS - please send as other 2WW form by FAX within 24 hours to Cancer Two Week Wait Office on 01225 821436 or e-mail to: RUH-TR.CancerReferrals@NHS.net

Referrers Details			
Referring doctor		Telephone number	
Surgery		Email address	
Address		GP Surgery	
Fax number		Date of referral	

Patients Details			
Title		Ethnicity	
Forename		Gender	
Surname		Date of birth	
Address		Latest BMI	
		Latest BP	
Postcode		Latest weight	
Mobile tel no		Latest height	
Home tel no		Cigarettes per day	
NHS Number		Alcohol weekly units	

Referral for	<input type="checkbox"/> Advice <input type="checkbox"/> Outpatient Appointment <input type="checkbox"/> Direct access OGD <input type="checkbox"/> Review patient and OGD
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Presenting Complaint

Please FAX within 24 hours to Cancer 2 Week Wait Office on **01225 821436**
 or email to RUH-TR.CancerReferrals@NHS.net

- | | |
|--|-------------------|
| <input type="checkbox"/> Iron Deficiency Anaemia (Hb MCV Ferritin) | 2WW appt (gastro) |
| <input type="checkbox"/> Dysphagia | 2WW OGD |
| <input type="checkbox"/> Unintentional weight loss | 2WW appt (Gastro) |
| <input type="checkbox"/> Epigastric mass (GP to arrange CT abdo) | 2WW OGD |
| <input type="checkbox"/> Persistent Vomiting | 2WW OGD |
| <input type="checkbox"/> Age >55 with persistent dyspepsia despite 6 weeks PPI | 2WW OGD |
| <input type="checkbox"/> <55 unexplained dyspepsia in Barrett's or previous peptic ulcer surgery | 2WW OGD |

- | | |
|--|---------|
| <input type="checkbox"/> GORD not previously investigate and unresponsive to 6 weeks PPI | 6WW OGD |
| <input type="checkbox"/> Dyspepsia not responsive to 'H. Pylori test and treat' and 6/52 PPI | 6WW OGD |
| <input type="checkbox"/> Positive coeliac serology | 6WW OGD |
| <input type="checkbox"/> Other (please specify) | |

About this referral:

Please summarise history and examination and if needed, your and patient's concerns below:

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Quick Summary Questions

Is the patient on anticoagulant or antiplatelet medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No (details in medication list)
Is Patient >150kg (BMI included in demographics)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Translator Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Able to Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is patient (details included in medical summary)	<input type="checkbox"/> Type I Diabetes <input type="checkbox"/> Type II
AMI in < 6.52	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory Compromise (SAT <92%)	
Previous Gastroscopy – result and date	
Imaging	<input type="checkbox"/> Ba swallow ultrasound <input type="checkbox"/> CT <input type="checkbox"/> Xray <input type="checkbox"/> MRI

Blood tests required (FBC minimum requirement and if anaemic, ferritin essential) and suggested for referral

FBC/Hb		INR	
CRP		eGFR	
LFT		Anaemic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Helicobacter Serology- if positive		Ferritin	
Helicobacter - Breath Test		TTG	
Faecal calprotectin			

Medical History	
Allergies	
Current Medications	