

GI Referral Form

October 2017

Please send this form as an e-Referral attachment with UBRN to the BaNES Referral Support Service
as a Gastro Referral **ROUTINE** **URGENT**

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		Smoker?	Yes <input type="checkbox"/> No <input type="checkbox"/>
NHS Number		Alcohol weekly units	

If you would like to request a Gastroscopy, please use Gastroscopy form on MoM Directory

If you would like Gastro advice, contact Consultant Connect or email address ruh-tr.gastroadvice@nhs.net

If your patient has **Obstructive Jaundice**, please phone Consultant Connect (numbers on Urgent Care Map)

Please use this form for:

<input type="checkbox"/>	<p>Abnormal LFTs</p> <ul style="list-style-type: none"> – Please review MoM Pathway especially for isolated elevated GGT, Bili and ALP – For Fatty Liver arrange ICE 'NAFLP profile' and risk score – full guidance including risk scoring and blood test frequency on MOM
<input type="checkbox"/>	<p>Coeliac Disease</p> <ul style="list-style-type: none"> – If TTG or endomysial antibody positive please refer for OGD on gluten containing diet - please use BANES Gastroscopy Referral Form – Gastro will follow up all positive diagnoses once with long-term f/u primary care (see ICE 'annual coeliac profile')
<input type="checkbox"/>	<p>Inflammatory Bowel Disease /Irritable Bowel Syndrome</p> <ul style="list-style-type: none"> – Likely IBS but would like to exclude IBD – Bloating/diarrhoea without alarm symptoms – please check FBC, TTG, TFT – Age < 45 please request faecal calprotectin, if negative trial of anti spasmodics, dietary manipulations, and referral to dietician – Suspected Ulcerative Colitis bloody diarrhoea, with elevated faecal calprotectin – fast tracked to IBD clinic
<input type="checkbox"/>	<p>Iron Deficiency Anaemia</p> <ul style="list-style-type: none"> – Please ensure FBC and ferritin both low before referring – Most 2WW – Please review Guidance on MoM IDA Pathway for category of referral, whether 2WW and borderline cases (young, old, IDA without anaemia)
<input type="checkbox"/>	<p>Other</p>

Aug 2017

History and Examination

Please summarise history and examination and investigation and management so far, you & your patients concerns

Quick summary questions

	Yes	No
Is the patient on anticoagulant or antiplatelet medication? (Details in medications)	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient >150kg (BMI included in demographics)	<input type="checkbox"/>	<input type="checkbox"/>
Translator Required	<input type="checkbox"/>	<input type="checkbox"/>
Able to Consent	<input type="checkbox"/>	<input type="checkbox"/>
Is patient diabetic? (Details included in medical summary)	<input type="checkbox"/>	<input type="checkbox"/>
MI in last 6 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Compromise (SAT <92%)		
Previous Gastroscopy – result and date		
Imaging	Ultrasound <input type="checkbox"/>	CT <input type="checkbox"/> Xray <input type="checkbox"/> MRI <input type="checkbox"/>

Blood tests required

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

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

Medical History	
Allergies	
Current Medications	