

COLORECTAL REFERRAL FORM

Date _____	Referring PCT _____
Patient Details	Referrer Details
Full Name _____	Referring GP _____
D.O.B. _____	Practice _____
NHS Number _____	Address _____
Address _____	_____
_____	_____
Post Code _____	Post Code _____
Tel: Home _____	Tel: _____
Work _____	Fax: _____

Urgency
Is this patient to be seen under 2 Week Wait Rule? Y / N

- Indication**
- New onset rectal bleeding persisting less than 6 weeks with local anal symptoms
 - Iron deficiency anaemia Hb _____ Ferritin _____
 - Evaluation of abnormality found at Barium enema or CT colonogram
 - Surveillance colonoscopy for previous pathology eg IBD, polyps, previous bowel cancer (please include details in free text below)
 - Evaluation of symptoms – please explain in free text below

Relevant clinical history and indications, including family history

Rectal examination findings: (mandatory)

- Past Medical History**
- Aspirin Reason _____ *To be stopped Y / N
 - Clopidogrel Reason _____ *To be stopped Y / N
 - Warfarin Reason _____ *To be stopped Y / N
 - COPD *Hospital Use Only

- Diabetes
- Allergies _____
- Other regular medication (Please state or attach list) _____

Contraindications for the use of bowel cleansing solutions

Obstruction, perforation or ileus	Y / N
Gastric retention, difficulty swallowing	Y / N
Acute intestinal or gastric ulceration	Y / N
Severe acute inflammatory bowel disease	Y / N
Renal impairment (CKD 4 or 5)	Y / N
Severe congestive heart failure	Y / N
History or known electrolyte balance	Y / N
Reduced level of consciousness	Y / N
Known hypersensitivity to any of the ingredients	Y / N
Patient taking Lithium	Y / N
Gastrointestinal surgery in preceding 3 months or ileostomy	Y / N

Note 1: It is recommended that Urea & Electrolytes (U&Es) are checked in all patients in order to minimise the risk of electrolyte imbalance. This particularly applies to patients taking the following medications; diuretics, corticosteroids, cardiac glycosides, NSAIDs, Tricyclics, SSRIs, antipsychotics, carbamazepine.
Bowel cleansing medicine may modify the absorption of regularly prescribed medications during the treatment period eg antiepileptics, oral contraceptives, oral hypoglycaemics, antibiotics and immunosuppressants (caution with transplant patients)

Note 2: Patients taking the following medications may be asked to stop taking them on the day bowel preparation is taken and to restart after 72 hours: ACE Inhibitors, AR Blockers, NSAIDs, Loop Diuretics

Confirmation by Referring Clinician

- I am not aware of any contraindication to colonoscopy
- I am not aware of any contraindications to this patient having a bowel cleansing agent (see above)

Signed by Referring Clinician: _____ Date: _____

PLEASE FAX 2 WEEK WAIT REFERRALS TO: 01225 821436
PLEASE POST ANY OTHER REFERRAL TO: Appointments Centre,
Royal United Hospital,
Combe Park, Bath,
BA1 3NG

FOR OFFICE USE ONLY

Please issue **KleanPrep / Picolax / Other =** _____ to this patient
Signed by Endoscopist: _____