Flexible Sigmoidoscopy

GP Direct Access Endoscopy Referral Form

Southampton NHS Treatment Centre

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| **Patient Details** | **Date of birth** | **Gender**:  |
| **Title:** | **Full Name:**  | **Referring GP Name:** |
| **Address:** | **Surgery Details:**  |
| **NHS number:**  |
| **Tel N°:** | **Home:**  | **Mobile:**  |
| **Does the patient require an interpreter? Yes** **[ ]  No** **[ ]  Language: unknown**  |
| **Exclusion criteria*** Severe acute colitis
* Acute diverticulitis
* Suspected or confirmed perforated bowel
* Colonic obstruction
* BMI > 40
* Patient under 16
 |
| **Please select reason for Referrals to Direct Access Flexible Sigmoidoscopy**1. **<40 years with persistent and/or recurrent bleeding with or without change in bowel** **habit** [ ]

Rectal examination findings:     1. **>40 years with fresh rectal bleeding who do not meet criteria for urgent referral:** [ ]

Stool mixed with blood **Yes**  [ ]  **No**  [ ] Weight loss **Yes**  [ ]  **No**  [ ] Abdominal pain **Yes**  [ ]  **No**  [ ] Change in bowel habit to looseness **Yes**  [ ]  **No**  [ ] Iron deficiency anaemia **Yes**  [ ]  **No**  [ ] Rectal or abdominal mass **Yes**  [ ]  **No**  [ ] **If THE ANSWER TO ANY OF THE ABOVE IS “YES” then refer urgently to UHS**Rectal examination/proctoscopy findings: |
| **Medical History**Diabetes **Yes**  [ ]  **No**  [ ]  If **yes**, is the patient managed on insulin? **Yes**  [ ]  **No**  [ ] IHD **Yes**  [ ]  **No**  [ ] Hypertension **Yes**  [ ]  **No**  [ ]  |
| Anticoagulation **Yes**  [ ]  **No**  [ ]   | If **yes**, details of medication: |
| Allergies **Yes**  [ ]  **No**  [ ]  | If **yes**, please give details: |
| **Any other relevant medical history or previous investigations:** |

**Please attach this form to NHS e-Referrals**

**Specialty**: Diagnostic Endoscopy

**Clinic type**: Flexible Sigmoidoscopy

**Service Name:** Direct Access Flexible Sigmoidoscopy Southampton NHS Treatment Centre

***Problems, Medications and Allergies can be attached to the e-referral through the system.***