Upper GI Endoscopy

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**  |
| **RED FLAGS – DO NOT REFER PATIENTS WITH:*** Dysphagia [any age]
* Epigastric Mass [any age]
* Aged 55 and over with progressive unintentional **weight loss** **and** any of the following:
	+ Abdominal pain
	+ Reflux/dyspepsia
	+ Persistent vomiting
* People with iron deficiency anaemia of unknown origin – **please refer to IDA clinic via e-Referrals under 2WW (Lower GI)**

**Additional exclusion criteria*** Acute GI bleeding
* Patients <55 years who have not had an H.Pylori test (see below)
 |
| **Please select reason for Referrals to Direct Access Upper GI Endoscopy**1. **>55 years [NO RED FLAGS]**

[ ]  New onset dyspepsia, unexplained and persistent (>4 weeks) [ ]  Recurrent epigastric pain, bloating, nausea, vomiting with no previous gastroscopy for similar symptoms[ ]  Other reason (please specify): 1. **<55 years – H.Pylori must be tested**

*A period of ‘Test and Treat’ may well avoid unnecessary endoscopy and is recommended by NICE. Leave a 2 week washout period after PPI and H2RA use before testing for H.Pylori and endoscopy unless known Barrett’s Oesophagus.* [*https://www.nice.org.uk/guidance/cg184*](https://www.nice.org.uk/guidance/cg184)[ ]  Symptoms resistant to 4 weeks’ full dose PPI or H2RA[ ]  H.Pylori positive – patient has not responded to second-line eradication therapyResults of faecal HP antigen: **Without H.Pylori results patients will not be offered a procedure date and referrals will be returned**  |
| **Medical History**Diabetes **Yes**  [ ]  **No**  [ ]  If **yes**, is the patient managed on insulin? **Yes**  [ ]  **No**  [ ] IHD **Yes**  [ ]  **No**  [ ] Hypertension **Yes**  [ ]  **No**  [ ] Pacemaker **Yes**  [ ]  **No**  [ ]  |
| Anticoagulation **Yes**  [ ]  **No**  [ ]  | If **yes**, details of medication:  |
| Allergies **Yes**  [ ]  **No**  [ ]  | If **yes**, please give details:   |
| **Previous gastroscopy** **Yes**  [ ]  **No**  [ ]  | If **yes**:Year: Diagnosis:   |
| **Any other relevant medical history or previous investigations:**  |

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

**Specialty**: Diagnostic Endoscopy

**Clinic type**: Gastroscopy

**Service Name:** Direct Access Gastroscopy Southampton NHS Treatment Centre

***Problems, Allergies and Medications can be added through the e-Referrals system***