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 therapy  Results 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***