



Endoscopy Unit
 Lymington New Forest Hospital
 TEL: 01590 663307

Email: lymingtonEndoscopy@southernhealth.nhs.uk



Southern Health
 NHS Foundation Trust

Request for Direct Access Gastroscopy for Dyspepsia
 (i.e. do NOT suspect Oesophago-gastric cancer)

Name: Address: Post Code: Tel no: Home: Work: Mobile:	Gender: Date of Birth: NHS number: <p style="text-align: center;">* REFERRAL WILL BE RETURNED IF THESE DETAILS ARE NOT PROVIDED</p>	Registered GP Name: Surgery Address: Tel no: Fax: E-mail:
Date of Referral:	Interpreter required: No <input type="checkbox"/> Yes <input type="checkbox"/> Language:	Referring GP name (if different)
Priority Urgent <input type="checkbox"/> Patient available to attend in next 6 weeks Yes <input type="checkbox"/> Routine <input type="checkbox"/> (referral will be returned if patient not available)		
Indication for endoscopy: Reflux like symptoms (unresponsive to therapy and/or frequently recurrent) <input type="checkbox"/> Persistent relapsing ulcer type symptoms <input type="checkbox"/> Please state reason for referral:		
Clinical Details: Please attach past medical history and list of current medications, including anticoagulants (old and Novel Oral Anticoagulants) and antiplatelet therapy Previous Helicobacter eradication? Yes <input type="checkbox"/> No <input type="checkbox"/> Allergies (including food, medicines & materials): Does the patient have capacity to consent for gastroscopy? Yes <input type="checkbox"/> No <input type="checkbox"/> If no , the referring GP should arrange a Best Interest Meeting before referring for a gastroscopy. <div style="background-color: #cccccc; padding: 5px; text-align: center;"> The Endoscopy Unit will advise the patient if PPI and /or H2RA needs to be stopped prior to </div>		
Endoscopists will issue reports and advice based on recommended guidelines from the National Institute for Health and Care Excellence and British Society of Gastroenterology.		