

GP Open Access Endoscopy Referral Form

Email to: uclh.endoscopy@nhs.net (referrals only)
 Please note we are no longer accepting referrals via fax
 Telephone: 020 3456 7022

Endoscopy Department
 Ground Floor West
 250 Euston Road
 London, NW1 2PG

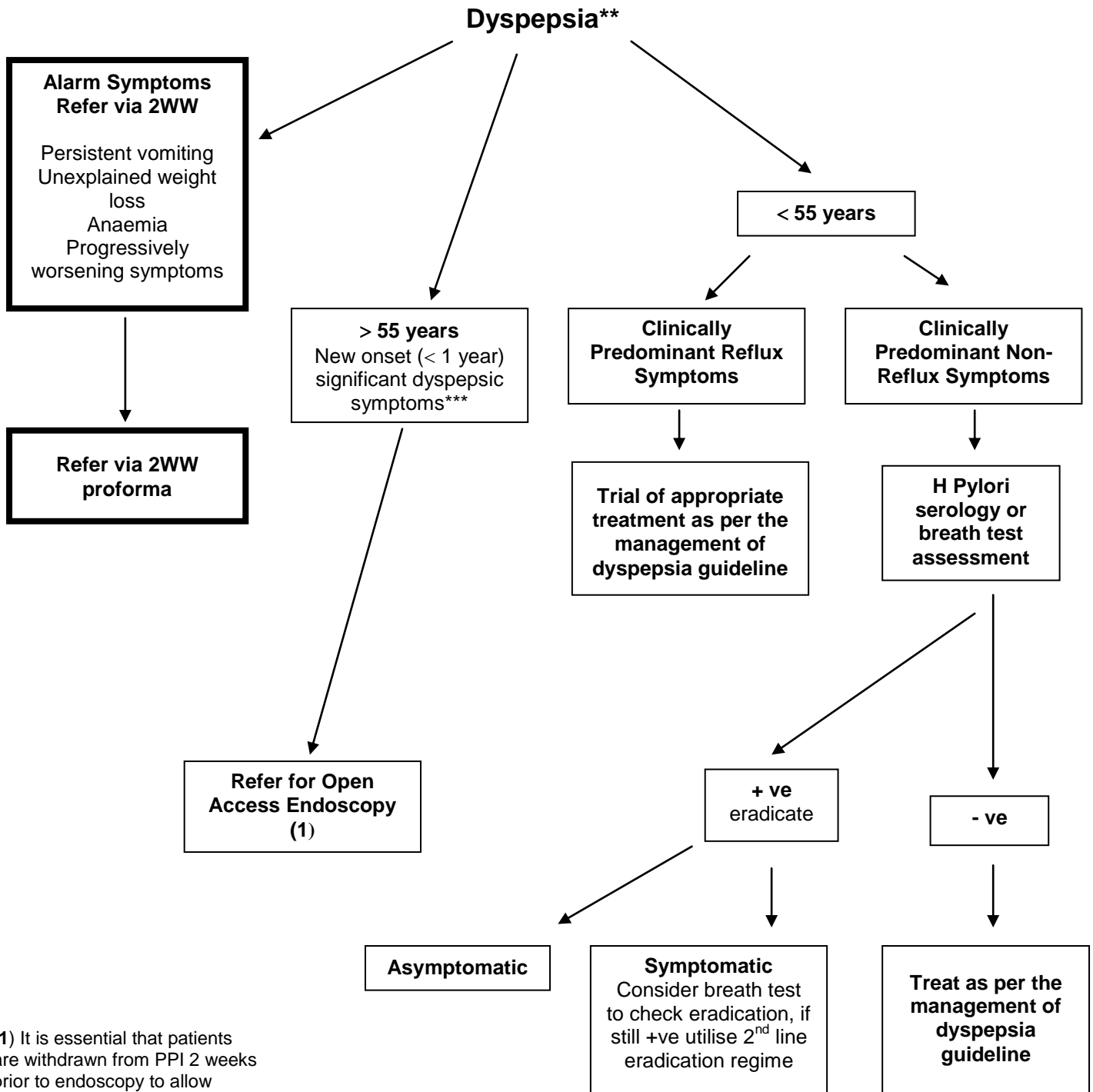
PATIENT DETAILS – NHS NO.				PRACTICE DETAILS	
Hospital No.				Name of GP	
Title	Surname		Name of Practice		
First Names			Address		
Date of Birth					
Address			Post Code		
			Telephone No.		
Post Code			Practice Code		
Daytime Contact No.			GP Referral Date		
Home Telephone No.					
Dates Patient Unavailable		1)	2)		
Interpreter Required?					

(By submitting you are confirming the procedure, indications, risks & alternatives have been discussed with the patient and that the patient has the capacity to consent for the procedure)

TEST REQUIRED	ROUTINE GASTROSCOPY	
CLINICAL DETAILS - Reasons for Referral for endoscopy:		
History of presenting symptoms		
< 55 years, symptoms resistant to treatment >3/12	NO <input type="checkbox"/>	YES <input type="checkbox"/> If yes, re-consider working diagnosis, & consider routine endoscopy if appropriate
New onset dyspepsia > 55 years	NO <input type="checkbox"/>	YES <input type="checkbox"/> If yes, refer for urgent endoscopy or cancer 2WW
Minor GI bleed (No evidence active bleeding)	NO <input type="checkbox"/>	YES <input type="checkbox"/> If yes, refer for urgent endoscopy or cancer 2WW
Dysphagia	NO <input type="checkbox"/>	YES <input type="checkbox"/> If yes, refer for urgent endoscopy or cancer 2WW
Iron deficiency anaemia (Likely upper GI)	NO <input type="checkbox"/>	YES <input type="checkbox"/> If yes, refer for urgent endoscopy or cancer 2WW
If < 55 years, has the patient had a therapeutic course of PPI or other dyspeptic treatment? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, please provide details _____		
Anticipated diagnosis? Normal Endoscopy <input type="checkbox"/> Duodenal Ulcer <input type="checkbox"/> Gastric Ulcer <input type="checkbox"/> Hiatus Hernia <input type="checkbox"/>		
<i>(please indicate with a tick)</i>		
Diabetes YES <input type="checkbox"/> NO <input type="checkbox"/> IHD YES <input type="checkbox"/> NO <input type="checkbox"/> Hypertension YES <input type="checkbox"/> NO <input type="checkbox"/>		
Past Medical History		
Further Information		
Previous Endoscopy YES <input type="checkbox"/> NO <input type="checkbox"/>		
Year _____ Diagnosis _____		
Drug Medication (please complete or enclose computer print out)		
Clopidogrel YES <input type="checkbox"/> NO <input type="checkbox"/> On Warfarin YES <input type="checkbox"/> NO <input type="checkbox"/> On NSAID's YES <input type="checkbox"/> NO <input type="checkbox"/>		
Allergies YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please give details _____		
Smoker YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please give details _____ Cigarette per day <input type="checkbox"/>		
Alcohol YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please give details _____ No. of units per week <input type="checkbox"/>		
< 55 years with non-reflux dyspeptic symptoms, please manage helicobacter status as per guideline		
Helicobacter + ve <input type="checkbox"/> -ve <input type="checkbox"/> If positive, eradication Y <input type="checkbox"/> N <input type="checkbox"/>		
Status		
Please ensure patients are withdrawn from PPI 2 weeks prior to referral for endoscopy to allow appropriate endoscopic assessment		

This guideline should be utilised prior to considering the patient for an endoscopy.

- This pathway is for a routine Gastroscopy procedure. Urgent patients should be referred into the service.
- The overall patient care remains with the GP and following the procedure the patient will be discharged to the GP with recommendations
- Patients presenting with potential alarm symptoms, where there is an increased suspicion of an underlying diagnosis of upper GI cancer, should be referred as a 2WW. This referral should be made within 24 hours of the decision to refer.
- Patients presenting with acute haematemesis or malaena, should be considered for emergency* admission.



(1) It is essential that patients are withdrawn from PPI 2 weeks prior to endoscopy to allow appropriate endoscopic assessment

If significant symptoms > 3/12 months, despite appropriate treatment for this duration, consider review of working diagnosis, also options of referral for endoscopy (1) or outpatients referral

*Based on NICE Technology Guidance No. 7 – Guidance on the Use of Proton Pump Inhibitors in the Treatment of Dyspepsia & The British Society of Gastroenterology Guidelines.

**Dyspepsia refers to a broad range of symptoms related to the dysfunction of the upper gastro-intestinal (GI) tract from the oesophagus to the duodenum, including retrosternal or epigastric pain, fullness, bloating, wind, heartburn, nausea and vomiting.

***Significant dyspeptic symptoms > 4 weeks duration