Please tick appropriate box:

(By ticking 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 | GASTROSCOPY | ROUTINE | URGENT

CLINICAL DETAILS - Reasons for Referral for endoscopy:

History of presenting symptoms

< 55 years, symptoms resistant to treatment >3/12 NO YES If yes, re-consider working diagnosis, & consider routine endoscopy if appropriate
New onset dyspepsia > 55 years NO YES If yes, refer for urgent endoscopy or cancer 2WW
Minor GI bleed (No evidence active bleeding) NO YES If yes, refer for urgent endoscopy or cancer 2WW
Dysphagia NO YES If yes, refer for urgent endoscopy or cancer 2WW
Iron deficiency anaemia (Likely upper GI) NO YES 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 NO
If yes, please provide details

Anticipated diagnosis? Normal Endoscopy  Duodenal Ulcer  Gastric Ulcer  Hiatus Hernia

(please indicate with a tick)

Diabetes YES NO IHD YES NO Hypertension YES NO

Past Medical History

Further Information

Previous Endoscopy YES NO
Year Diagnosis

Drug Medication (please complete or enclose computer print out)

Clopidogrel YES NO On Warfarin YES NO On NSAID’s YES NO
Allergies YES NO If yes, please give details
Smoker YES NO If yes, please give details Cigarette per day
Alcohol YES NO If yes, please give details No. of units per week

< 55 years with non-reflux dyspeptic symptoms, please manage helicobacter status as per guideline

Helicobacter + ve -ve If positive, eradication Y N

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Please ensure patients are withdrawn from PPI 2 weeks prior to referral for endoscopy to allow appropriate endoscopic assessment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.
• Patients presenting with potential alarm symptoms, where there is an increased suspicion of an underlying diagnosis of upper GI cancer, could be referred as a 2WW, as indicated on the referral proforma. 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.
• Patients presenting with a new onset of dysphagia or symptoms highly suspicious of dysphagia should be referred for urgent endoscopy or cancer 2WW

*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 epigastrial pain, fullness, bloating, wind, heartburn, nausea and vomiting.

**Significant dyspepsic symptoms > 4 weeks duration

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(1) It is essential that patients are withdrawn from PPI 2 weeks prior to endoscopy to allow appropriate endoscopic assessment

*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.