

ROUTINE OPEN ACCESS UPPER GI ENDOSCOPY

PLEASE PROVIDE ALL REQUESTED INFORMATION. *INCOMPLETE FORMS WILL BE RETURNED*

Please include standard GP record printout **SHOWING RELEVANT INFORMATION RELATED TO UPPER GI SYMPTOMS** (relevant PMH, Medication and most recent GP consultations) as this helps with overall management of patient. Email to Endoscopy please.

Endoscopy Unit

Lister Hospital

Coreys Mill

Stevenage

SG1 4AB

Tel: 01438 284062

Email: endoscopyreferrals.enh-tr@nhs.net

GP Practice Stamp:

Tel:

Email:

Surname : _____
Hosp No: _____
First Names: _____ D.O.B: _____
NHS No: _____ Sex: M F
Address: _____

Phone No:(Work) _____
(Home) _____ (Mobile _____

PLEASE OBTAIN ALL CONTACT NUMBERS

Clinical Information

Cardio respiratory mobility: _____ Diabetes: _____

Hepatitis B/C or other: Yes No Previous GI investigation: _____

Current drug therapy: _____

Increased Bleed Risk – Anticoagulant

If your patient has one of the following alarm features in addition to dyspepsia, DO NOT use this form but refer urgently to appropriate consultant by letter/email:

Unintentional weight loss
Previous gastric ulcer/surgery
Retrosternal pain on swallowing

GI bleeding
Epigastric mass
Persistent vomiting

Iron deficiency anaemia
**Dysphagia consider
barium studies**

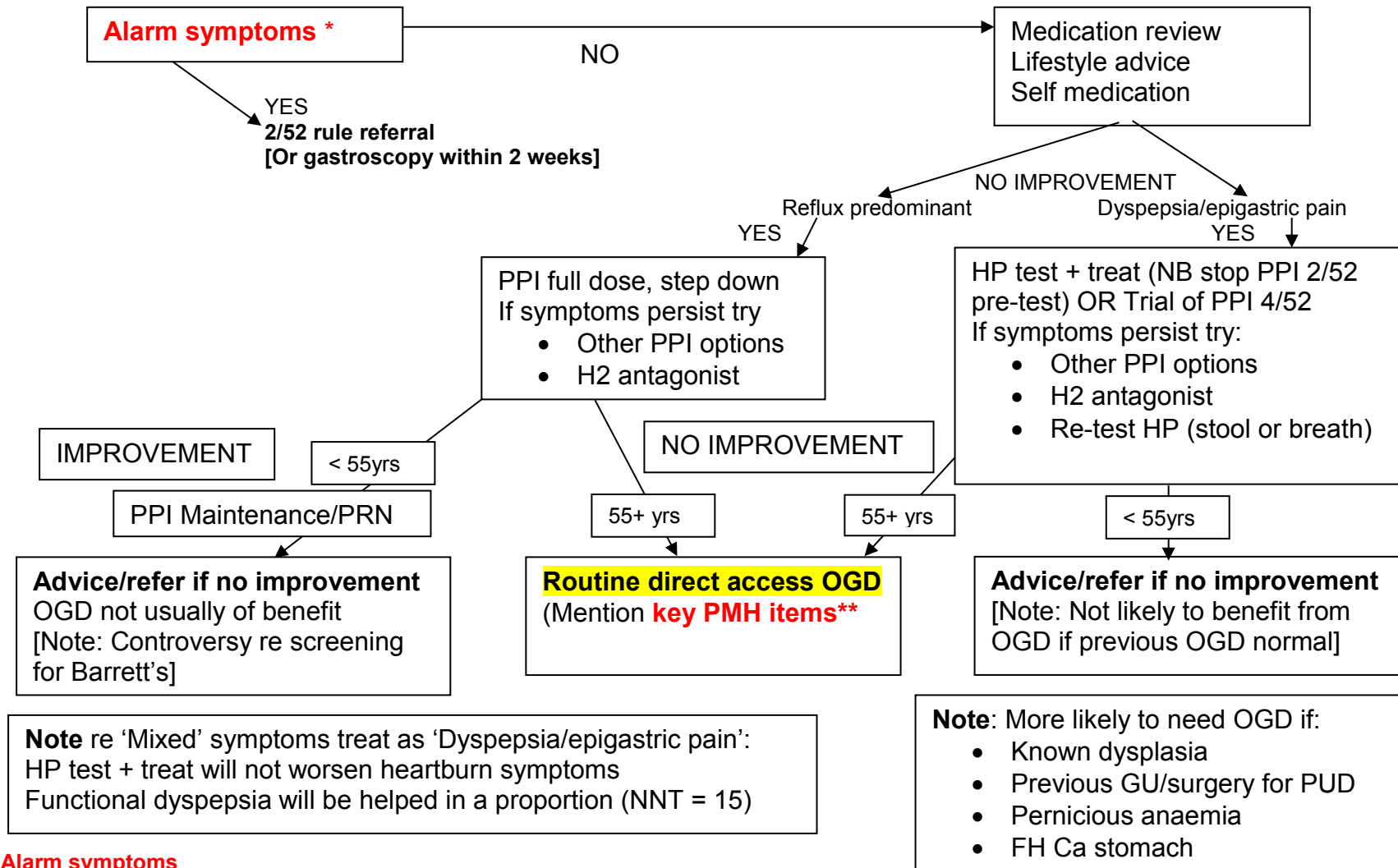
Indication for Endoscopy (see flowchart):

1. Ulcer-like/dysmotility symptoms, > 55, no alarm features
2. Ulcer-like dysmotility symptoms, under 55, symptomatic after eradication therapy
3. Reflux symptoms persisting after trial of H2 antagonist and PPI
4. Known DU symptomatic after eradication and positive breath test
5. Other, please specify: _____

Patients with **haematemesis** or **melaena** should be referred to the Duty Medical Registrar.

Date: _____ Doctor's signature _____

UNINVESTIGATED DYSPEPSIA
(NICE CG 184 2014, NG12 2015)



Alarm symptoms

Progressive difficulty swallowing (any age)

Aged 55 years and over with weight loss and any of the following: upper abdominal pain, reflux, dyspepsia.

****Key PMH items:**

Previous GI investigations, Pacemaker/defibrillator device, Cardio-respiratory morbidity, Diabetes + treatment type

Blood borne virus infection (Hep B/C, HIV) Increased bleed risk (Anticoagulant, Aspirin, Clopidogrel, clotting disorder)