ENDOSCOPY REFERRAL FORM
GP OPEN ACCESS – EASTWOOD ROAD SURGERY

Eastwood Road Surgery Endoscopy Unit
348 Rayleigh Road, Leigh-on-sea SS9 5PU
Tel: 01702 524984

Please Fax Form to: 01702 529375

Consultants
Mr F Khan
Dr J Mellor
Mr B V Praveen

Mr/Mrs/Ms/Miss ..... **Surname** .....

Dob ..... **First Name** .....

Address .....

.....

..... **Postcode** .....

Tel (home) ..... **Tel (mobile)** ..... **NHS Number** .....

Procedure Requested (please circle) **URGENT** **ROUTINE**

Gastroscopy **Colonoscopy** **Flexible Sigmoidoscopy** **Haemorroid Rx Banding and Injection**

Clinical Details and Relevant Past Medical History

.....

.....

.....

.....

.....

GASTROSCOPY

- Dyspepsia
- Persistent Vomiting
- Dysphagia
- Epigastric Mass
- Barrett's Oesophagus
- Fe Deficiency Anemia
- Unexplained Weight loss

COLONOSCOPY

- Unexplained rectal bleeding
- Unexplained diarrhoea > 6 weeks
- Colorectal Cancer Screening
- Fe Deficiency Anemia
- Hx of Polyposis

FLEXIBLE SIGMOIDOSCOPY

- Fresh rectal bleeding < 45yrs
- Colitis
- Haemorroid treatment

Patient Medication

.....

.....

.....

.....

Is the patient on aspirin/clopidogrel/ .....

CONTRAINDICATIONS (Please Tick)

- Unstable Angina ☐
- MI in Last 3 months ☐
- Severe COPD ☐
- Untreated Hypertension ☐
- Active Chest Infection ☐
- Oral Anticoagulation ☐
- Implantable Difibrillator ☐
- Prosthetic Heart Valves ☐
- Previous Endocarditis ☐
- Drug/Latex Allergy ☐
- Diabetes On Insulin ☐

Referring GP

.....

Practice Stamp

OFFICE USE

Date Received .....

Triaged by .....

Discussed with Consultant

YES

NO

Patient Informed

- In Person ☐
- Letter ☐
- Phone ☐

Date .....

EMERGENCY **URGENT** **ROUTINE**