

**BRISTOL ROYAL INFIRMARY**  
**UPPER GASTROINTESTINAL ENDOSCOPY REFERRAL FORM**

**Please complete all appropriate sections of this form. Incomplete forms will result in a delay in listing and may be returned to the referrer. This form MUST be signed by the referrer.**

Please send completed forms to:

Endoscopy Booking Clerk, QDU, Level 4, Queens Building, BRI, Marlborough Street, Bristol, BS2 8HW  
Tel No: 0117 3420040

|   |                          |
|---|--------------------------|
| <b>1. PATIENT DETAILS (Please repeat name and hosp no. overleaf if to be faxed)</b> |                          |
| BRI / NHS Number:   | Patient Address:         |
| Surname:  |                          |
| Forenames:  |                          |
| Date of Birth:  |                          |
| Sex: <b>M / F</b> Age:  | Patient Tel. No:         |
| <b>IF LABELS ARE FAINT, PLEASE MAKE HOSP NUMBER AND PATIENT NAME LEGIBLE</b>        |                          |
| GP Name:  | Inpatient Ward:          |
| GP Address:   | Ward Ext. No:            |
|   | Consultant:              |
|   | Ref Dr & Bleep:          |
|   | <b>Date of referral:</b> |
| GP Tel. No:   | Signature:               |

|  |   |   |
|--|---|---|
| <b>2. PROCEDURE REQ'D</b>  | (Please tick)                                       |   |
| <input type="checkbox"/> Diagnostic OGD – <b>please follow referral pathway overleaf.</b>  |   |   |
| <input type="checkbox"/> OGD and Dilatation  | <input type="checkbox"/> Barretts Surveillance      | <input type="checkbox"/> Gastric Ulcer Healing  |
| <input type="checkbox"/> OGD (Varices)   | <input type="checkbox"/> Gastric polyp Surveillance | <input type="checkbox"/> ERCP +/- intervention  |
| <input type="checkbox"/> OGD and Argon   | <input type="checkbox"/> Maltoma Surveillance       | <input type="checkbox"/> Oesophago-gastric EUS  |
| <input type="checkbox"/> OGD and Stenting  | <input type="checkbox"/> Severe Oesophagitis        | <input type="checkbox"/> Pancreatic / Biliary EUS                                     |
| <input type="checkbox"/> PEG placement   | Surveillance (Grades 4&5)                           | <input type="checkbox"/> Other:   |
| <b>For follow up procedures, please indicate if PPI's are to be stopped :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |
| <b>For GP referrals:</b> Urgent (< 6 weeks) <input type="checkbox"/>   | <b>For Consultants -</b>                            |   |
| Routine <input type="checkbox"/>   | <b>Indicate timeframe:</b>                          |   |
| Rockall Score for acute bleeds:  |   | <b>If not suitable for Nurse Endoscopist please tick box</b> <input type="checkbox"/> |
| <b>And clinical details:</b>   |   |   |

|  |                          |
|--|--------------------------|
| <b>3. BOOKING DETAILS (Endoscopy Use Only) Request received:</b> |                          |
| <b><u>Inpatient</u></b>  | <b><u>Outpatient</u></b> |
| Date booked:   | Listing letter sent:     |
| By whom:   | Appointment booked:      |
| Procedure due:   | At (time):               |
| At (time):   | Transport booked:        |
|  | By whom:                 |

**IF FAXED, PATIENT NAME:****HOSP NO:****4. GASTROSCOPY REFERRAL PATHWAY****A. Suspected cancer alarm symptoms**

- Chronic GI bleeding
- Progressive unintentional weight loss
- Dysphagia
- Suspicious barium meal
- Epigastric mass

**YES**  If outpatient, please send via fast track (two week wait) route to Cancer Project Office, Camden House, BRI.  
Fax: (0117) 3420652 Tel: (0117) 3420619

**NO**  Go to section 4B

**B. Urgent Referral Symptoms**

- Dyspepsia with acute GI bleeding

**YES**  **NO**  Go to section 4C

Persistent vomiting

- > 55 with unexplained and persistent recent onset dyspepsia despite PPI & Test and Treat

- Iron deficiency anaemia Hb: \_\_\_\_\_ Date: \_\_\_\_\_

Detail: (please include last Hb & date & indicate pre / post transfusion)

**C. Routine Referral Symptoms (If inpatient triaged as routine, will be booked as outpatient)**

- ? Coeliac / Malabsorption

- New Dyspepsia – (recurrent epigastric pain, bloating, nausea and vomiting)

**No endoscopy unless over 55 or in those under 55 where there is a heightened risk: eg**

(Family history, pernicious anaemia, prev gastric surgery, prev gastric ulcer or continuing need for NSAIDS).

**No new dyspepsia referrals for OGD will be accepted without at least 4 weeks PPI and then test and treat for Helicobacter Pylori if still symptomatic.**

- Hp serology or  Breath Test  Eradication therapy  1/12 PPI treatment

**Patients with uncomplicated reflux should be managed as per NICE guidelines.**

Current symptoms and results of any other relevant investigations: **(Please give H.pylori history)**

**Please attach accompanying letter if you feel this would be beneficial.**

**ALLERGIES (including food, drugs & materials):**

Anticoag  YES  NO Which drug:

Reason:

INR:

Date:

**Current Medication:**

**6. MEDICAL HISTORY**

Weight:

Mobility:

Transport Req? Yes  No

**Will a translator be req?**  Yes  No

Which language:

Any other consent issues?

- Diabetes IDDM  NIDDM   Ischaemic heart disease  Dementia

- Epilepsy  MI within the past 6 weeks  Learning difficulties

- Respiratory compromised  Valvular heart disease (require antibiotics)

- Serious neurological conditions  Liver disease

- Previous gastric surgery  Immuno compromised

Any known infections? MRSA  HIV  Clos Diff  Other:

Further details: