

WE MAY NEED TO CONTACT YOUR PATIENT AT SHORT NOTICE TO OFFER AN APPOINTMENT. PLEASE CAN YOU ENSURE WE HAVE A CONTACT NUMBER, PREFERABLY MOBILE NUMBER, SO THAT TREATMENT IS NOT DELAYED. THANK YOU.

PRIORITY: URGENT ROUTINE

MR/ MRS/ MISS	DATE OF BIRTH:
SURNAME:	REFERRING GP:
FIRST NAME(S):	REGISTERED GP:
NHS NUMBER:	GMC CODE:
GENDER:	PRACTICE CODE:
ETHNICITY:	PRACTICE ADDRESS:
ADDRESS:	
MOBILE TEL NO:	TEL NO:
HOME TEL NO:	FAX NO:

Clinical Details:			
Epigastric pain	Yes / No	Weight loss	Yes / No
Retrosternal pain	Yes / No	Heartburn	Yes / No
Anorexia	Yes / No	Vomiting	Yes / No
Nausea	Yes / No	Dysphagia	Yes / No
Duration of symptoms weeks mthsyrs	Any other symptoms?
Unexplained anaemia	Yes / No	Hb gm/dl

Treatment:	Antacids	<input type="checkbox"/>	H-2 blockade	<input type="checkbox"/>	PPI	<input type="checkbox"/>
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Drugs:-	Aspirin	<input type="checkbox"/>	NSAIDs	<input type="checkbox"/>	Warfarin	<input type="checkbox"/>
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Other Medication:-

Allergies:-

Relevant Medical History:			
Valvular heart disease	<input type="checkbox"/>	Gastric Surgery	<input type="checkbox"/>
Myocardial Infarction	<input type="checkbox"/>	Previous endoscopy	<input type="checkbox"/>
Angina	<input type="checkbox"/>	Previous ulcer disease	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Barrett's oesophagus	<input type="checkbox"/>
COPD	<input type="checkbox"/>		

* **PATIENTS WITH THE FOLLOWING ARE NOT SUITABLE FOR OPEN ACCESS ENDOSCOPY AND SHOULD BE REFERRED TO A GASTROENTEROLOGIST**

- Myocardial infarction within the last 6 months
- Moderate or severe cardiac or respiratory disease
- Insulin dependent diabetes
- Elderly frail patients
- Patients taking Warfarin
- Patients who are receiving Chemotherapy
- Immunosuppressed Patients
- Patients who have been diagnosed with Parkinson's disease

Signature of GP Date.....