Practice Plus Group

NHS

ROUTINE GASTROSCOPY REFERRAL FORM

Please tick to indicate to which treatment centre you are referring your patient to:

☐	Emersons Green Hospital	☐	Devizes Surgical Centre

Please send all referrals via the NHS e-Referral System (ERS). You can visit our websites for more information on our patient safety acceptance criteria.

Referrer details		**Patient details**			
Date of referral		Name			
Referring GP		Address			
Practice name					
GP no		Postcode			
GP practice		Telephone			
CCG name		Mobile			
Practice address		Date of birth		NHS no	
Telephone		Gender		Ethnicity	
Fax		Height		Weight	
Email address		Transport required	Yes ☐	No ☐	
Please complete if not the patient's regular GP		Interpreter required	Yes ☐	No ☐	
Name of patient's GP		Interpreter requirements			
Name of GP practice					

Note: This service is not for suspected cancer referrals – Refer to hospital under the two week wait rule

INDICATION (please tick)

Dyspepsia >50 yrs. of age	☐	Gastro oesophageal reflux disease (persisting despite appropriate treatment)	☐
Iron deficiency anaemia	☐	Surveillance of Barrett's oesophagitis (please give previous surveillance history)	☐
Melaena (if within 7 days -> refer for acute hospital care)	☐	Painful or difficult swallowing (dysphagia)	☐
Persistent nausea and/or vomiting	☐	Confirmation of suspected coeliac disease by D2 biopsies	☐
Unintended weight loss	☐		
Family history of gastric or oesophageal cancer (more than two 1st degree relatives)	☐		

RELEVANT HISTORY AND RECENT MANAGEMENT

BP		Date		Weight (kg)		BMI	

Referral Requirements for Day Case Procedure

- Escorted home following procedure
- Accompanied at home for 24 hrs. following procedure
- Access to telephone at home

Other Information Required

Allergies?	Please state:		
Diabetes?	Yes ☐ No ☐	If yes, insulin ☐	oral medication/diet ☐
Regular medication?	Please state or attach list:		

Signed by Referring Clinician __________ Date __________

(If computer generated referral – please insert name and date here, adding your name, dating and sending this referral indicates your consent to the terms of this referral)