Location:			



Dyspepsia >50 years of age  Iron deficiency anaemia  Melaena (if within seven days -> refer for acute hospital care)  Persistent nausea and/or vomiting  Unintended weight loss Family history of gastric or oesophageal cancer (more than two first degree relatives)  Relevant history and recent management  Treatment)  Surveillance of barrett's oesophagus (please give previous surveillance history and reports)  Painful or difficult swallowing (dysphagia)  Confirmation of suspected coeliac disease by D2 biopsies  Relevant history and recent management	Please send all referrals	troscopy referra via the NHS e-Referral System (E ore information on our patient safe	ERS).	eria: <b>practiceplusgroup.</b>	o.com/referrals/how-to-make-an-nhs-patient-			
Referring GP Practice name GP no GP practice CD name  Practice address  Date of birth NHS no Gender Ethnicity Height Com Weight Transport required Transport requirements Transport requirement	Referrer details			Patient details				
Practice name  GP no  GP practice  ICB name  Mobile  Practice address  Date of birth  Fix  Cender  Cen	Date of referral			Name				
Postcode	Referring GP			Address				
GP practice  ICB name  Practice address  Date of birth  Mobile  Date of birth  NHS no  Gender  Ethnicity  Height  Cm Weight  Transport required  Yes No  Transport required  Transport requirements  Interpreter required  Yes No  Interpreter requirements  Interpreter requirements  Note: this service is not for suspected cancer referrals - refer to hospital under the two week wait rule.  Interpreter requirements  Note: this service is not for suspected cancer referrals - refer to hospital under the two week wait rule.  Interpreter requirements  Note: this service is not for suspected cancer referrals - refer to hospital under the two week wait rule.  Interpreter requirements  Pastroesphageal reflux disease (persisting despite appropriate treatment)  Interpreter requirements  Gastroesophageal reflux disease (persisting despite appropriate treatment)  Interpreter requirements  Pastroesphagus (please give previous surveillance history and relowing disphagia)  Confirmation of suspected coeliac disease by D2 biopsies  Relevant history and recent management  Referral requirements for day case procedure  Escorted home following procedure Acceptanced at home for 24 hours following procedure Acceptanced at home for 24 hours following procedure Acceptanced at home.  Other information required, GP summary  - Allergies? Please state  Diabetes   Ves   No   If yes, insulin/oral   medication/cliet  Regular medication? Please state or attach list	Practice name							
Mobile	GP no				Postcode			
Mobile	GP practice			Telephone				
Gender	ICB name			·				
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Telephone Fax Email address Name of patient's GP Name of GP practice  Note: this service is not for suspected cancer referrals - refer to hospital under the two week wait rule. Interpreter requirements				_				
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Name of patient's GP Name of GP practice    Interpreter requirements   Interpreter requirements	Fax			Папороттечанениен				
Name of patient's GP Name of GP practice    Interpreter requirements   Interpreter requirements	Email address			Interpreter required	☐ Yes ☐ No			
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<ul> <li>Diabetes ☐ Yes ☐ No ☐ If yes, insulin/oral ☐ medication/diet</li> <li>Regular medication? Please state or attach list</li> </ul>	Other information	n required, GP summary	у					
Regular medication? Please state or attach list	~ <u>~</u>		<b>7</b>					
_		_	<b>」</b> medication/diet					
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Further information required  Computerised summary outlining current medical history, medication and allergies (please tick and attach or referral may be returned).  Patient is diabetic (please give details of management (insulin/medication/diet)).  A history of previous endoscopies and findings is attached (please tick if attached).  Current use of anti-coagulants/anti-platelets.								
Signed by referring clinician	Date							
(If computer generated referral – please insert name and date here. By adding your name, dating, and sending toonsent to the terms of this referral.)	this refer	ral you are ii	ndicating your					
Notes								

If you have any questions about your referral, please call 0117 906 1800.