**DONCASTER AND BASSETLAW NHS FOUNDATION TRUST**

**MONTAGU HOSPITAL**

**REFERRAL FORM FOR OPEN ACCESS GASTROSCOPY**

NHS Number:…………………………………………………………District Number:……………………………………………………………………………………..

Surname:………………………………………………………………..Forename(s):.…………………………………………………………………………………………

Address:…………………………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………D.O.B:…………………………………………Male/Female:……………….................

GP Name/Code:…………………………………………………………………GP Practice Code:……………………………………………............................

Address:…………………………………………………………………………………………………………………………………………….............................................................................................................................................................................................................................................

Previous contact with trust hospital? YES/NO

Hospital No. ……………………………………………………………..……. GP Referral No.…………………………………………………………………………

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Transport Required YES/NO

Interpreter Required YES/NO

Language…………………………………………………………

Diagnosis expected? (Please circle)

Duodenal Ulcer

Hiatus Hernia

Gastric Ulcer

Gastro Oesophageal Reflux

Oesophagitis/ Gastritis/ Duodenitis

Previous Gastric Surgery? YES/NO

Details…………………………………………………………

Current Principal Symptoms (Please circle)

Epigastric Pain Retrosternal Pain

Heartburn Nausea

Vomiting Anorexia

Weight Loss Dyspepsia

Duration: ……..…years …..……months ………weeks

In the last week YES/NO

Is patient being treated for their symptoms?

YES/NO

Treatment (Please circle)

H2 Blockade

Antacids

Prokinetics

PPI

Has the patient been taking aspirin? YES/NO?

Or NSAID? YES/NO?

Other problems (Please circle)

Diabetes: diet control/oral agents/ insulin

Cardiac: Angina/valvular disease/ recent MI

Chest: COPD/ Asthma

Other ………………………………………………………….

Smoking YES/NO ……………../day

Alcohol YES/NO……………….units/week

Safety Screen (Please circle)

Respiratory /cardiac disease

Previous bacterial endocarditis

Artificial heart valves

Pacemaker inserted

Diabetic

Bleeding disorder

Immunosuppressed

Other relevant medical conditions

None of the above

If you circle any of the above please specify

……………………………………………………………………………….

Please circle if patient has any of the following:

Hep B/Hep C/HIV/MRSA/TB/C-Diff

LMP Date: ……………………………………………………………

Pregnancy Test: -VE +VE

Has the patient been notified that they are at risk of CJD?

YES/NO

Anticoagulation (Please circle)

Is the patient on any anticoagulation YES/NO

Is the patient on any anti platelet agent? YES/NO

Please specify………………………………………………………………

Reason for treatment…………………………………………………..

Allergies?...........................................................................

Any other information (e.g. haemoglobin)

……………………………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………….

REFERRALS CANNOT BE ACCEPTED UNLESS ALL REQUESTED INFORMATION IS PROVIDED

SPECIFIC GUIDELINES:

Referral for open access gastroscopy is appropriate for patients with significant dyspeptic type symptoms in two situations:

1. The patient is currently symptomatic and a diagnosis is required before treatment.
2. Treatment has been given based on a clinical diagnosis but there has been no response after 4 weeks or more.

GENERAL GUIDELINES:

1. Patients with symptoms suggestive of acute upper GI bleeding i.e haeamatemesis/maleana, should be considered for admission to hospital via the medical on-call team.
2. Patient with symptoms suggestive of upper GI malignancy i.e dysphagia, anorexia, weight loss, satiety should not be referred for an open access gastroscopy but should be referred through the 2ww system using the appropriate form.
3. Barium meal or swallow should only be first line investigation in patients who are unfit for or who refuse gastroscopy
4. NICE guidance suggests that all patients presenting with dyspeptic type symptoms at age of 55 years and above should be investigated before being given treatment.
5. Patients who have problems which may require investigations beyond the limits of gastroscopy, e.g. anaemia, weight loss or malabsorption, should be referred directly to the clinic.