

Endoscopy Referral Booking Form

(This form is not a replacement for cancer 2 week wait referral system)

North East London Treatment Centre, Endoscopy Department, King Georges Hospital, Barley Lane, Ilford, Essex, IG3 8YY. Booking Team 0208 5984633

Exclusion criteria

- Under 18 years of age
- Chronic disease with significant limitation of exercise tolerance (E.G ANGINA, COPD)
- EGFR <60
- Sleep Apnoea requiring CPAP at night
- Recent Myocardial Infarction (<6 months)
- Unstable Diabetes
- Morbid obesity BMI >45
- Patients not entitled to NHS services

Patient details

Name

Address

Postcode

Telephone

Mobile

Date of birth NHS no

Gender Ethnicity

Height cm Weight kg

Physical/communication difficulties

(specify if any e.g. poor vision/loss of hearing/mobility problems)

If interpreter required, language?

Does the patient have the capacity to give informed consent to the procedure? Yes No

Referrer details

Referring clinician

Usual GP name

Practice name

Practice address

Urgent telephone*

Fax*

Date for referral

*for clinical enquiries only

Medical history

Please include any additional relevant clinical information:

Diabetic Yes No

On Warfarin or Clopidogrel Yes No

H Pylori status

Positive Negative Not known

Other relevant information:

Medication

Please include any additional relevant clinical information:

NSAID Yes No

PPI/H2 Yes No

Other relevant information:

See above for exclusion criteria

**Referral criteria for North East London Treatment Centre diagnostic endoscopy
gastroscopy, flexible sigmoidoscopy and colonoscopy including biopsy and polypectomy**

Lower GI conditions:

Persistent diarrhoea with rectal bleeding Yes No

Persistent diarrhoea without rectal bleeding Yes No

Rectal Bleeding Yes No

If yes please tick relevant box(es)

Bright red Mixed with stool Pain No pain

Left sided abdominal pain Yes No

Right sided abdominal pain Yes No

Persistent change in bowel habit Yes No

Surveillance of long term condition Yes No

Haemorrhoid banding or injection required Yes

Upper GI conditions:

Resistant H.pylori infection and or worsening
Dyspepsia in spite of appropriate treatment Yes No

Coeliac disease for diagnostic biopsy Yes No

Barrett's oesophagus surveillance Yes No

Follow up of oesophageal & gastric ulcers Yes No

Iron deficient anaemia Yes No

Please provide FBC, Fe, Ferritin, celiac serology results
(may also need colonoscopy)

Dyspepsia Yes No

Reflux symptoms unresponsive to lifestyle changes PPI,
H2RA or prokinetic agents. Yes No

Unexplained weight loss Yes No
(please specify details)

Please specify indications for test:

Previous endoscopy Yes No if yes please state type and date of procedure

For BSG guidance see:

www.bsg.org.uk/clinical-guidance/endoscopy/guidance-on-the-indication-for-diagnostic-upper-gi-endoscopy-flexible-sigmoidoscopy-and-colonoscopy.html

Checklist

Your patient will need to undertake bowel preparation and be able to turn 180 (left to right side) on a trolley (alternative imaging may be appropriate for frail/elderly patients not able to manage these).

By completing the referral you will be confirming that you deem the patient fit to take the medication (Moviprep for colonoscopy or Citramag and senna for flexible sigmoidoscopy)

Please ensure that you include any additional relevant clinical information if the patient is diabetic, on Warfarin or on Clopidogrel.

Do not stop any blood thinning products. Care UK will triage patients to ensure they are safe for the procedure.

Please provide renal profile if the patient has CKD4.

If the patient requires/chooses sedation, they must have an escort home and have observation overnight.