

UPPER GI SERVICE REFERRAL FORM

Gastroenterology Unit, Royal United Hospital, Bath

Date / /

Patient Details

Name.....

Address.....

.....

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Post code.....

DOB / /

RUH Number.....

Referred by.....

GP.....

Name.....

Address.....

.....

Postcode.....

Tel Number.....

Fax number.....

PLEASE TICK ONE BOX IN EVERY ROW	Routine		Soon		Urgent	
Age	< 40yrs		>40 yrs			
Vomiting	No		Yes			
Reflux not settling with course of PPI	None		Yes			
Dyspepsia	Long history >2 yr		>6 weeks –2 years			
Dysphagia	No				Yes	
Epigastric mass	No				Yes	
Weight loss	No		Yes			
Anaemia in men and post- menopausal women	No		Yes			
Haemetemesis/Melaena	CONTACT MEDICAL SHO ON CALL FOR ADMISSION					
JAUNDICE	No				Yes	

1 Tick in URGENT or 3 or more ticks in SOON = Urgent appt

If patient has Jaundice and evidence of biliary obstruction on an USS then they will be sent for an ERCP. They will be seen at a pre-clerking clinic prior to this examination. Otherwise they will be sent an urgent Outpatient appointment.

Results of any relevant investigations e.g. USS, Ba meal, Blood tests

Other useful information- Brief history (Essential)
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Has the patient any Allergies Yes/No

Is the patient taking Warfarin Yes/No

PMH
