

SEE AND TREAT GASTROSCOPY REQUEST FORM (NHS)

Patient details

Surname	
Forename	
Male/Female	
Address	
Postcode	
Date of birth	
Daytime Contact No	
Mobile Number	
NHS NUMBER	

GP details

Name	
Surgery	
Tel Number	
GP Signature	
Referral date	

Expected Diagnosis (please tick one or more boxes)

Normal	<input type="checkbox"/>	Oesophageal Cancer	<input type="checkbox"/>	Duodenal Ulcer	<input type="checkbox"/>
Not known	<input type="checkbox"/>	Gastric Cancer	<input type="checkbox"/>	Gastric Ulcer	<input type="checkbox"/>
Other	<input type="checkbox"/>	Oesophageal Stricture	<input type="checkbox"/>	Oesophagitis GOR/Hiatus Hernia	<input type="checkbox"/>

Symptoms (please tick one or more boxes)

Epigastric Pain	<input type="checkbox"/>	Weight Loss	<input type="checkbox"/>	Dysphagia	<input type="checkbox"/>
Anorexia	<input type="checkbox"/>	Nausea/Vomiting	<input type="checkbox"/>	Distension/Bloating	<input type="checkbox"/>
Heartburn or Retrosternal pain	<input type="checkbox"/>	Duration of Symptoms	<input type="checkbox"/>	Have these symptoms occurred before?	<input type="checkbox"/>

Current Medication/Treatment (please list below)

Is patient on treatment?	Yes / No	Specify: H2 antagonists/proton pump inhibitor Other (please specify)
Is patient on NSAID?	Yes / No	
Is patient on Aspirin?	Yes / No	

Other problems (please tick box and note any other relevant clinical indications)

Diabetes	<input type="checkbox"/>	Other:
Respiratory	<input type="checkbox"/>	
Cardiac	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Tobacco and Alcohol

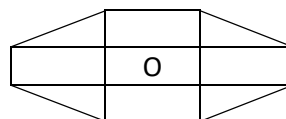
Tobacco per day		Alcohol units per week	
-----------------	--	------------------------	--

Other Information

History of gastric surgery	Results of investigations
----------------------------	---------------------------

Body Mass Index:

Please indicate the site of your patient's abdominal pain:



Are you happy for your patient to be followed up automatically as a result of the Endoscopy: Yes / No

Please email this form to rhc.ashteadnhsoutpatients@nhs.net

Alternatively post to Ashtead Hospital, NHS Department, The Warren, Ashtead, KT21 2SB

(Tel: 01372 221421)