Non-Urgent (NOT 2WW)
Upper GI Endoscopy

NHS Northern Cancer Alliance

Date of referral: **Short date letter merged**

Name:	**Full Name**	DOB:	**Date of Birth**	NHS No	**NHS Number**

Attach this form to the e-referral

If ERS is not available, please send this form AND the 'referral header sheet' by secure email

GUIDANCE

☐ **Non-urgent Upper GI Endoscopy** This is a request for test ONLY

GP retains clinical responsibility

Hyperlink to: **Upper GI Symptoms pathway and Dyspepsia Non-Invasive Management Pathway DNIMP**

In people aged 55 and over with:

- ☐ Treatment resistant dyspepsia (persistent symptoms after 8 weeks full dose PPI or H2A see DNIMP above)
- ☐ Persistent raised platelet count (more than 450 more than 6 weeks apart) with any single symptom of: nausea, vomiting, weight loss, reflux, dyspepsia, upper abdominal pain, retrosternal
- ☐ Nausea/vomiting with any reflux, dyspepsia, upper abdominal pain or retrosternal pain for more than 3 weeks
- ☐ Suspected Coeliac disease – (positive TTG or strong family history with high clinical suspicion)
- ☐ Low risk Haematemesis/Melena (for STABLE patients Blatford score 0 and 1)

Age 40-55 with two or more upper GI symptoms which have not improved after 8 weeks or dyspepsia non-invasive management DNIMP (see link to DNIMP above).

☐ i.e. (dyspepsia/heartburn/upper abdominal pain, nausea/vomiting/bloating, retrosternal pain)

Use advice and guidance on e-referral people under 40 years

Please use hyperlink above for guidance managing upper GI symptoms

Has the patient had a previous endoscopy? ☐ **YES** ☐ **NO** If YES, date of test:

Endoscopy result: Endoscopy normal...

Patient Fitness: Information essential to arrange direct to test investigation in secondary care

NB: If patient wanting sedation, they must be able to organise escort home and observation overnight

Is patient able to give informed consent? (e.g. short-term memory loss): ☐ **YES** ☐ **NO**

Performance Status			
	☐	0	Fully active
	☐	1	Cannot carry out heavy physical work
	☐	2	Up and about more than half the day and can look after yourself
	☐	3	In bed or sitting in a chair for more than half the day and need help in looking after yourself
	☐	4	In bed or a chair all the time and need a lot of looking after

Description	Y	N	Description	Y	N
Warfarin	☐	☐	DOAC e.g. Rivaroxaban/dabigatran/apixaban/edoxaban	☐	☐
Antiplatelets e.g. Clopidogrel, Prasugrel	☐	☐	Metformin	☐	☐
Insulin/Sulfonylureas	☐	☐	PPI/H21	☐	☐
Poorly controlled angina within 3 months	☐	☐	Prosthetic heart valve, SBE or vascular graft within 1 year	☐	☐

PLEASE COMPLETE THE REST OF THIS FORM

Referrer details

Name of Referrer:		Date of Referral:	**Short date letter merged**
Referring organisation **Organisation Name, Organisation Full Address (single line)** Tel: **Organisation Telephone Number** Email: **Organisation E-mail Address** Fax: **Organisation Fax Number**		**GP details** **Usual GP Full Name** **Usual GP Organisation Name, Usual GP Full Address (single line)** Tel: **Usual GP Phone Number** Fax: **Usual GP Fax Number**	
Name of GP to address correspondence to, if different to accountable GP:			

Patient details

Name:	**Full Name**		Address:	**Home Full Address (stacked)**
Gender:	**Gender(full)**			
DOB and Age	**Date of Birth** Age: **Age**			
NHS number:	**NHS Number**			
Patient Contacts	Home:	**Patient Home Telephone**	Mobile:	**Patient Mobile Telephone**
	Work:	**Patient Work Telephone**	Email:	**Patient E-mail Address**
	Carer/Advocate: The patient has confirmed the following person should be included in correspondence – Name: Contact Details:			
Contact Consent:	☐ Can leave message on answer machine ☐ Can contact by text ☐ Can contact by Email		NB: Not all services use Texts or Emails as a method of communication.	
Ethnicity:	**Ethnic Origin**			
Interpreter:	☐ **Yes** Language: **Single Code Entry: Main spoken language**			
Accessibility Needs:	☐ Wheelchair access ☐ Deaf **Single Code Entry: Deafness** ☐ Registered Blind **Single Code Entry: Registered blind** ☐ Learning Disability **Single Code Entry: On learning disability register Single Code Entry: [X]Specific developmental disorders of scholastic skills** ☐ Other disability needing consideration ☐ Accompanied by Carer			
Risks:	☐ Vulnerable Adult (details below, of any recording in last 3 years) **Single Code Entry: Vulnerable adult Single Code Entry: Adult no longer vulnerable** **Single Code Entry: Failed or difficult intubation** Other:			
Other: **Single Code Entry: Military veteran Single Code Entry: Left military service Single Code Entry: History relating to military service Single Code Entry: Occupation history** **Single Code Entry: Has a carer Single Code Entry: Is no longer a carer Single Code Entry: Is a carer Single Code Entry: Carer**				

Accessible Information

Communication support: Uses a legal advocate...
Professional required: Interpreter needed - British Sign Language...
Contact method: Requires contact by telephone...
Information format: Requires information verbally...

If you have any problem with this form or suggested changes, please control & click here to open direct email. (NB: NOT TO BE USED FOR REFERRING A PATIENT) 2WW NCA Non-urgent (not 2ww) Upper GI Endoscopy Referral Form V3 – EMIS Web CDRC May 2019

To be completed by the Data Team (Insert Dates)
Received: / / First Appointment booked: / /
First Appointment date: / / 1st seen: / /
Specify reason if not seen on 1st appointment:
Diagnosis: Malignant ☐ **Benign** ☐