

Non-Urgent (NOT 2WW) Upper GI Endoscopy

Date of referral

Name:		DOB:		NHS No	
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Attach this form to the e-referral within 24 hours

If the ERS not available, then send [this form AND 'Referral header sheet'](#) by secure email

Yes	No	N/A	Mandatory check list
			Previously investigated? Has this person had endoscopy or CT for these symptoms in the last 5 years? If yes, please use advice and guidance instead or, if specific ongoing concern, explain in the free text below.
			Is the patient happy for straight to test investigation (may include endoscopy, radiology, capsule colonoscopy or cytosponge)?

Consent

	No problems with consent anticipated	
	There may be problems with consent. – e.g., significant dementia or learning disability	Include details in referral narrative of adjustments required or best interest decision
Disability		
	No difficulty coping with investigation anticipated. No cognitive impairment/physical or behavioural issues that would make it difficult to manage the investigation	
	There may be difficulties coping with investigation due to physical or mental disability	Include details in referral narrative including known adjustments.

Appropriateness **Confirm advice and guidance from secondary care**

	No reduction in life expectancy. Referral in patient's best interest Referral appropriate without additional discussion (Fully complete this form only)
	Significantly reduced life expectancy: GSF A (blue) – Year plus prognosis Referrer confirms agreed appropriate referral following advice and guidance or specialist advice
	Very significantly reduced life expectancy: GSF B,C,D Months/ weeks / days prognosis Investigations may not be in best interest of the patient. Referrer confirms agreed appropriate referral following advice and guidance or specialist advice

Non-urgent Upper GI Endoscopy

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

Age 40-55 and no previous endoscopy 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)

Other indications

Low risk Haematemesis/Melaena (for STABLE patients Blatchford score 0 and 1)

Suspected Coeliac disease – (positive TTG or strong family history with high clinical suspicion)

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

Please use [hyperlink above for guidance managing upper GI symptoms](#)

Guidance

Name:		DOB:		NHS No	
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Please indicate COVID 19 risk:

Standard	No co-morbidities
Vulnerable	Co-morbidities/frailty
Shielded	In the shielded group because of high risk from COVID 19 infection

Reason for Referral

Has patient recently had an endoscopy: **YES** **NO** If yes, DATE:

PREVIOUS INVESTIGATIONS Results within last 5 years: Colonoscopy...

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/ACS/MI within 3 months			Prosthetic heart valve, SBE or vascular graft within 1 year		

History of IHD, Diabetes and CKD

NB: information below only displays latest recordings. Full list is displayed in the Medical History

: IHD - Ischaemic heart disease...

Please complete the rest of this form

Name:		DOB:		NHS No	
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Referrer details

Name of referrer:		Date of referral:	
<u>Referring Organisation</u>		<u>GP details</u>	
Tel:		Tel:	
Email:		Fax:	
Fax:			
Name of GP to address correspondence to, if different to accountable GP			

Patient details

Name:		Address:		
Gender:				
DOB & Age:	Age:			
NHS number:				
Patient Contacts:	Home:		Mobile:	
	Work:		Email:	
	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:				
Interpreter:	Yes	Language: _____		
Accessibility Needs:	Wheelchair access Deaf Registered Blind Learning Disability, Other disability needing consideration Accompanied by Carer			
Risks:	Vulnerable Adult (Details of any recording within last 3 yrs)			
	Other: _____			
Other: _____				

Accessible information

Communication support: Uses a legal advocate...

Contact method: Requires contact by telephone...

Information format: Requires information verbally...

Professional required: Interpreter needed - British Sign Language...

[If you have any problem with this form or suggested changes, please contact & click here to open direct email.](#) (NB: NOT TO BE USED FOR REFERRING A PATIENT) NCA (not 2ww) Non-Urgent Upper GI Endoscopy Referral Form July 2021 v4 EMIS CDRC SNOMED

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