

LOWER GI ENDOSCOPY REFERRAL FORM

Please note – we are unable to accept referrals for patients under 18 years of age or patients with cardiac implantable devices

Please indicate which test you require, by ticking the box to the right of the correct procedure:

FLEXIBLE SIGMOIDOSCOPY

COLONOSCOPY

PATIENT INFORMATION

Patient's Name:	Booking priority:
NHS number:	Is patient able to give consent?
Patient Address:	Communication difficulties (specify if any):
Gender:	Translation required?
Date of birth:	Language:
Home Telephone:	Transport required?
Mobile Telephone:	Wheelchair user?
Email Address:	The patient must be ambulant, or if a wheelchair user they must be able to transfer independently onto the examination couch.

REFERRER DETAILS

Referring GP:	GP Address:
Telephone:	
Fax:	Referring Practice Code:
NHS Email:	Referring CCG:

Please email or fax this form to the NHS Services Team:

Email: highgatecontracts.referral@nhs.net

Fax: 020 8347 3873 Tel.: 020 8347 3856

Highgate Private Hospital, 17-19 View Road, Highgate, N6 4DJ

INDICATIONS					
	YES	NO		YES	NO
PR bleeding			Dysphagia		
Altered bowel habit			Reflux Symptoms		
Tenesmus			Achalasia		
Diarrhoea			Dyspepsia		
Constipation			Nausea		
Pain/Discomfort			Vomiting		
Weight Loss			Iron deficiency		
Other:					

MEDICATION					
	YES	NO		YES	NO
Aspirin			Warfarin		
Clopidogrel			Iron Tablets		
Other:					

MEDICAL HISTORY (please provide full details below)					
	YES	NO		YES	NO
Heart disease			Alcohol misuse		
Cardiac Implantable Electronic Devices			Diabetes (Type 1)		
Liver disease			Diabetes (Type 2)		
Hypertension			Haemophilia		
Asthma			Haematemesis/Melaena		
COPD					
Other:					

BOWEL PREPARATION FOR COLONOSCOPY			YES	NO
Bowel preparation needs to be prescribed for each Colonoscopy (picolax, picolax and senna, klean-prep or moviprep). I can confirm that this patient is fit to receive bowel preparation medication. (the Patient cannot be booked unless the 'yes' box is ticked)				

PLEASE PROVIDE FULL CLINICAL DETAILS: