

Direct Access Endoscopy Referral Form

Please fax completed form to +44 (0)20 7881 4099

For enquiries, call +44 (0)20 7881 4098

PATIENT DETAILS			
TITLE	SURNAME	GENDER (please tick) MALE FEMALE	
FORENAME			
DATE OF BIRTH		HOSP NO	
ADDRESS			
POSTCODE		TEL NO	
EMAIL ADDRESS			
REFERRER'S DETAILS			
NAME			
ADDRESS			
TEL NO		FAX NO	
INVESTIGATIONS REQUIRED (please tick)			
FLEXIBLE SIGMOIDOSCOPY		CAPSULE ENDOSCOPY	
COLONOSCOPY		UPPER G.I. ENDOSCOPY	
INDICATIONS / COMMENTS			
PATIENT GENERAL HEALTH - DOES PATIENT HAVE (please tick)			
ISCHAEMIC HEART DISEASE YES NO		VALVULAR HEART DISEASE YES NO	
DIABETES YES NO		RESPIRATOR DISEASE YES NO	
IS THE PATIENT IMMUNOCOMPROMISED?			
IS THE PATIENT TAKING WARFARIN, CLOPIDOGREL OR ASPIRIN? (DELETE AS APPROPRIATE)			
CURRENT MEDICATION			
DRUG ALLERGIES			
PREVIOUS SERIOUS ILLNESS (PLEASE LIST WITH APPROXIMATE DATES WHERE POSSIBLE)			

Our GP Liaison department offers GPs, patients and healthcare professionals a fast and efficient referral service to The Lister Hospital's consultants.

