

## 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	
DIABETES		YES	NO	RESPIRATOR DISEASE	
		YES	NO	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.

Chelsea Bridge Road, London, SW1W 8RH  
t: +44 (0)20 7881 4000 w: www.thelisterhospital.com



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