

NHS Foundation Trust

2 Week Rule Referral Proforma

Referral of Patients with Suspected Upper GI Cancer - 2 Week Rule

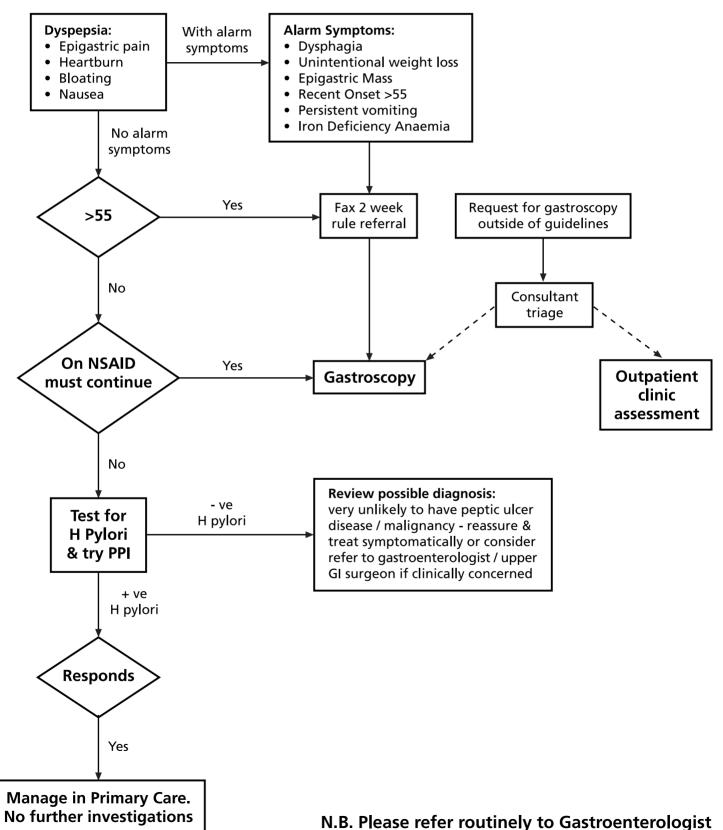
Please complete form in full as it will not be reviewed by a medical professional prior to appointment being allocated. Fax this form immediately to 01609 762149

Booking leaflet given to patient: Yes

Booking leaflet given to patient: Yes □	
Referring doctor:	Patient name:
Address:	Address:
	Postcode:
Postcode:	Date of birth: Age:
Date of decision to refer:	Sex: Male Female
Date of referral:	Tel no (home):
Date of feferral.	Mobile no:
Tel no:	Hospital no: NHS number:
Fax no:	Patient previously visited this hospital? Yes No
Tax IIO.	ratient previously visited this hospital: Tes 10 No
GP preference if upper GI endoscopy negative:	
Refer to clinic Return to GP	At discretion of Endoscopist
Alarm symptoms: Dysphagia	Unintentional weight loss
Epigastric mass	Persistent vomiting
☐ Recent onset Dyspepsia >55 ☐ IDA with no obvious cause*	
*Patients will usually have Gastroscopy & Colonoscopy – because bowel preparation is required please complete: "Suspected	
Lower GI Cancer" referral form (contains information regarding responsibilities for bowel preparation prescription)	
N.B. Patients with obstructive jaundice should be referred as 2week-rule direct to a Medical Gastroenterologist	
Patient fitness: Fit for day case Gastroscopy: Yes No (If no then refer by letter to 2WR clinic) N.B. If patient wanting sedation, must be able to organise escort home and observation overnight Is patient able to give informed consent: Yes No (If no then refer by letter to 2WR clinic) Has patient had a previous Gastroscopy for similar symptoms: Yes No Date of test:	
Is this patient Diabetic? Yes No	
Diabetic: Diet only Tablets only	
On Insulin: Name of insulin	
Is this patient on Warfarin? Yes No	
On Aspirin of other anti-platelet agent?	
Must continue: Yes No AF without valvular heart disease AF with valvular heart disease Previous CVA / DVT or PE Prosthetic valve Other (detail)	
H Pylori negative: Yes No Not known On PPI/H2 Antagonist: Yes No Duration: Pt responded: Yes No	
Clinical examination / other relevant history / medication / referral outside guidelines: Please attach letter with additional detail if appropriate	
For Office Use: Date received: Date appt booked:	Date 1st seen:
Malignant: Yes No If not seen, please specify:	
Action re Warfarin / antiplatelet drugs:	

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Upper GI Referral Guidelines



for outpatient review if clinically concerned