**GP GASTROSCOPY DIRECT REFERRAL BOOKING FORM**

|  |  |  |
| --- | --- | --- |
| **The GP MUST complete this form - using patient documentation as a source where relevant**  **\*Has the Medical notes / clinical letter (giving relevant medical history) been sent with this booking form?  Yes  No** | | |
| **The Patient** | **\*Indicates mandatory information Day Case** | |
| **\*Patient’s Title** | **\*First Name** | **\*Family / Last Name** |
|  |  |  |
| **\*Date of Birth** | **\*Sex** | **\*Nationality** |
|  | Male  Female | **Hospital No. X** |
| **\*Address (including post code)** | | |
|  | | |
| **\*Contact Telephone Number** Mobile  Home  Work  Email Address: | | |
| **Current Medication / Allergies** | | |
|  | | |

**The Account**

|  |
| --- |
| **Self-pay?** |
| **Quote given by Enquiry Helpline?** |
| **Yes  No** |

**The Treatment GASTROSCOPY (G6500)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location** | | | | |
| **Wellington Hospital – Central** | | | | |
| **\*Consultant** | **Anaesthetist** | | **Name & Address of Referring GP** | |
|  |  | |  | |
| **\*Admission Date** | **\*Admission Time** | **\*Procedure Date** | | **\*Procedure Time** |
|  |  |  | |  |

**\*Procedure Description GASTROSCOPY WITH BIOPSIES \*Procedure (CCSD/OPCS) Code: G6500**

**Type of Anaesthesia?**  Local  General  Sedation

**\*Main Complaint / Diagnosis / Relevant Medical History / Weight**

**\* STEP 3: ABSOLUTE INDICATIONS AND CONTRAINDICATIONS –**

|  |  |  |  |
| --- | --- | --- | --- |
| **Oesophageal stricture** | **Please circle** | | **Current Medication** |
| GI obstruction**,** ileus or perforation | Yes | No |  |
| Dyspepsia | Yes | No |
| Reflux symptoms | Yes | No |
| Gastro-intestinal bleeding | yes | No |
| Anti-coagulation | Yes | No |

GP’s signature: ……………………………………………………………………………….. Date…/……/……….

Clinician’s Signature..................................................................Name.....................................................................................................Date........./.........../.............

**\* Step 5: Admin Coordinator**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | **Completed by:** | **Confirmed Telephone Booking with:** | **Booking Accepted / Cancelled by:** |
|  |  |  |  |