

Oesophago-Gastric Rapid Access Endoscopy

Department of Oesophago-Gastric Surgery, Mercy University Hospital, Grenville Place, Cork.

Please email referral form to jolyons@muh.ie or Fax: 021-4279896 Tel: 021-4935390

Patient Details	General Practitioner Details
Surname: _____	Name: _____
First Name: _____ DOB: _____	Address: _____
Address: _____	_____
_____	_____
Mobile No: _____ Tel. day: _____	Tel.: _____ Fax: _____
Hospital No. (if known): _____	GP Signature: _____
1 st Language: _____ Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of referral: _____
Medical Cover: Public <input type="checkbox"/> Private <input type="checkbox"/>	Medical Council Registration No.: _____

Referral Information (please tick relevant boxes):

<p>Past Medical History:</p> <p>Anticoagulants: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plavix <input type="checkbox"/> Aspirin <input type="checkbox"/> Warfarin <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Proton pump inhibitor therapy: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Insulin-requiring Diabetes Mellitus: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>History of MRSA/VRE: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>	<p>Reason for referral:</p> <p>Uncomplicated dyspepsia <input type="checkbox"/> >45y old with onset of dyspepsia within the last year which are continuous symptoms since onset</p> <p>Alarm symptoms at any age <input type="checkbox"/> Any of the following: Dysphagia Anorexia Vomiting Weight loss Anaemia</p> <p>Dyspepsia with high risk features at any age <input type="checkbox"/> Any of the following: Family history of upper gastrointestinal cancer in >2 first degree relatives Barrett's oesophagus Pernicious anaemia Peptic ulcer surgery >20 y previously Known dysplasia, intestinal metaplasia or atrophic gastritis</p>
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FOR HOSPITAL USE ONLY

<p>Administration</p> <p>Date referral received: _____</p> <p>Date appointment offered: _____</p> <p>Reason appointment not accepted: _____</p> <p>_____</p>	<p>Administration</p> <p>Urgent referral: _____</p> <p>Routine referral: _____</p> <p>Name: _____</p> <p>Sign/Date: _____</p>
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