

# Homerton Direct Access Flexible Sigmoidoscopy Referral Form

(Please attach to C&B paperwork)

Section 1 PATIENT INFORMATION (Please complete in BLOCK CAPITALS)		
<b>SURNAME</b> ~[Surname]	<b>Date of Referral</b> ~[Today...]	<b>Date of Birth</b> ~[Date Of Birth]
<b>FIRST NAME</b> ~[Forename]	<b>NHS number</b> ~[NHS Number]	<b>UBRN</b> - -
<b>Title:</b> ~[Title]	<b>Home Tel.</b> ~[Telephone Number]	<b>Mobile/Daytime Tel.</b> ~[Mobile]
<b>Address</b> ~[Patient Address Block] ~[Post Code]	<b>Language</b>  If patients don't speak English, please encourage them to attend with a family member or friend who can interpret	
Section 2 PRACTICE INFORMATION (Please use practice stamp if available)		
<b>Referring GP</b> ~[Free Text:Referring GP]		
<b>Practice Address</b> ~[Surgery Address Line 1] ~[Surgery Address Line 2] ~[Surgery Address Line 3] ~[Surgery Address Line 4] ~[Surgery Address Line 5]	<b>Telephone</b> ~[Telephone Number]	<b>Fax</b>
<b>Post Code</b>		
Section 3 CLINICAL INFORMATION Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY		
<b>Please describe the clinical features and duration of symptoms</b>		
<b>Medications</b> CLOPIDROGREL: Please select  WARFARIN: Please select  (If yes: recent INR: )		

<b>Examination Findings</b> PR examination  Abdo examination	<b>Investigations (if done)</b> FBC: ~[ReadCode:424~2Y~M1~R~Date Coded Data~0] Ferritin: ~[ReadCode:42R4~2Y~M1~R~Date Coded Data~1] CRP: ~[ReadCode:44CC~2Y~M1~R~Date Coded Data~1]
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**Past Medical History**

~[Active Problems:AS~AM~PS~FT]

**Notes:**

- Please attach form to C&B documentation and send with referral
- Please given patient a copy of the Flexible Sigmoidoscopy Patient Information Leaflet, explaining the procedure
- Medications of relevance:
  - Iron tablets: discontinue 1 week prior to procedure
  - Clopidogrel: continue
  - Warfarin: continue
    - check INR 1 week before endoscopy date
    - If INR within therapeutic range, continue usual daily dose
    - If INR above therapeutic range but <5, reduce daily dose until INR returns to therapeutic range