

## 2 Week Rule Referral - Endoscopy (upper GI)

Patient Details	
Name:	Date of Birth:
Address:	Sex: M/F
	NHS Number:
	Hospital Number:
Daytime Telephone:	<input type="checkbox"/> Please indicate by ticking the appropriate box(es) which number(s) the patient can be contacted on during the next 24 hours
Work Telephone	
Mobile Telephone:	
GP Details	
GP Name:	Telephone Number:
Practice:	Fax Number:
Date of Referral:	
Social circumstances	
Lives alone <input type="checkbox"/>	Is a carer for someone <input type="checkbox"/>
	Has a care package <input type="checkbox"/>

**Your patient will be seen under the 2 week rule if one or more of the following criteria are present. Please tick the appropriate box(es) and add relevant details below.**

### Urgent Referral for Endoscopy

Please complete this form for patients of any age with dyspepsia and any of the following:

- Chronic gastrointestinal bleeding
- Dysphagia
- Progressive unintentional weight loss
- Persistent vomiting
- Iron deficiency anaemia
- Epigastric mass
- Suspicious barium meal result

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Current Medication
Relevant PMH
Additional Information
Please state if you are attaching a computer printout of this information Yes/No

Reference: NICE referral guidelines for suspected cancer June 2005  
 ©These referral proformas were developed by The Local Referral and Management Guidelines Team  
 Western Sussex Hospitals NHS Trust, St Richard's Hospital . Chichester  
 All 2 week rule appointments for WSHT are managed and booked by the  
 Worthing Hospital 2 week rule team.

**Please Fax this form to 01903 285098 or email it to**  
[cancer.appointments@nhs.net](mailto:cancer.appointments@nhs.net)