



DIRECT ACCESS FLEXIBLE SIGMOIDOSCOPY / HAEMORRHOID BANDING REFERRAL FORM

Section 1 - Referral Status				
In making this referral I am confirming that:-				
i. This meets the criteria for referral into this service (as per the current published pathway)				
ii. I have discussed the nature of this procedure with the patient				
iii. The patient has confirmed their understanding of and their willingness to undergo the endoscopy				
iv. The appropriate WHO 'Patient Performance Status' (indicate as appropriate in one of the following):				
Please tick one of the following:				
0 = Fully active, able to carry on all pre-disease performance without restriction;	1 = Restricted in physically strenuous activity but ambulatory and able to carry out light/sedentary work, e.g. house or office work;	2 = Ambulatory and capable of self-care, but unable to carry out work activities. Up and active > 50% of waking hours;	3 = Capable of only limited self-care. Confined to bed or chair >50% of waking hours;	4 = Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair.
Date patient seen:				
Date of referral:				
Section 2 - Patient Details				
Name:		Date of Birth:		
Address:				
Gender:		Age:		
NHS Number:		Tel No:		
Section 3 - GP Practice Details				
GP Name:		Tel No:		
Address:				
Practice Name:		Secure NHS Email Address:		
Section 4 - Clinical Information				
<i>(Please indicate everything that applies to this patient and include any relevant further information as appropriate)</i>				
Symptoms:				
Abdominal examination findings:				
Rectal examination findings: <i>If rectal mass, please refer on 2ww pathway</i>				



BMI:	
Patient diabetic? Yes - please complete questions below No	
Insulin: Yes No	Oral Hypoglycaemics: Yes No
Diet controlled: Yes No	Patient on Anti-platelet Therapy? <i>(e.g. non-aspirin; Clopidogrel; Ticagrelor; Prasugrel):</i> <i>If yes, the guidance for patients pre procedure is to continue their medication as normal</i> Yes No
Patient on Warfarin? <i>If yes, the guidance for patients pre procedure is to continue the medication as normal but please check the that INR is in the therapeutic range within 5 days of the procedure due date</i> Yes No	Patient on DOAC? <i>(e.g. Rivaroxaban; Apixaban; Pixaban; Dabigatran; Edoxaban):</i> <i>If yes, the guidance for patients pre procedure is to omit on the day of the procedure only</i> Yes No
Any previous bowel surgery? Yes No	
Investigation Results	
Is FiT <10: Yes No - Please refer on 2ww pathway	
Section 5 - Past Medical History	
Section 6 - Current Medications	
Section 7 - Additional Information	
Section 8 - Bowel Preparation	
Please confirm you have prescribed a phosphate enema to be self-administered by the patient on the day of the procedure Yes No	