# Roscommon University Hospital

GASTROINTESTINAL ENDOSCOPY SERVICE

REQUEST FORM

**Patient Information**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Sex: M / F</th>
<th>Referring Doctor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td></td>
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<tr>
<td>Address:</td>
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<tr>
<td>Hospital Number:</td>
<td></td>
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<tr>
<td>Phone: (H):</td>
<td>(W)</td>
<td>Phone: (Mobile)</td>
</tr>
<tr>
<td>Interpreter Required: Y / N</td>
<td>Language:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**Gastroscopy**

- **Indication** (Please provide details below)
  - Bleeding
  - Haematemesis/malena
  - Iron Deficient Anaemia
  - Dysphagia
  - Loss of weight
  - Pain
  - Dyspepsia
  - Reflux
  - Atypical chest pain (Cardiac cause excluded)
  - Nausea/vomiting/loss of appetite
  - Barrett’s screening
  - Small bowel biopsy – celiac screening
  - Other (details below)

**Colonoscopy**

- **Indication** (Please provide details below)
  - PR Bleeding
  - Bright
  - Dark/mixed
  - FOBT
  - Iron Deficient Anaemia
  - Altered bowel habit
  - Diarrhoea
  - Constipation

**Flexible Sigmoidoscopy**

- Abnormal imaging (attach report)
- Surveillance
  - Previous Ca
  - Previous Polyps
  - Family history Ca (details below)
  - IBD
- Loss of weight
- Other (details below)

**Past Medical History:**

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**Has patient had a previous scope?**

- **Yes**
- **No**
- **If yes, when?**

**Anti-coag/Anti-platelet Therapy**

- **None**
- Aspirin
- Clopidogrel
- Warfarin
- Other

- Can it be stopped?
  - Yes
  - No

**Comorbidities** (Must be completed)

- **None**
- Cardiac
- Respiratory
- Renal
- Diabetes: Type 1/Type 2
- History of MRSA
- C. Diff

**Allergies:**

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**Extra Info/Medications:**

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OFFICE USE ONLY:

RECEIVED IN ENDOSCOPY UNIT: ______________________

REVIEWED AND PRIORITISED BY ENDOSCOPY REGISTRAR/CONSULTANT: ______________________

Urgent: __________________ Routine: __________________

Signed: __________________

Date for Procedure: __________________

Comments: __________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

Appointment/Information Sent: