Barnsley Hospital NHS Foundation Trust

Telephone: Barnsley (01226) 730000 ext. 2795

GI DIAGNOSTIC SERVICES
Choose & Book Upper GI Questionnaire

Date:

GP Details	Patient Details
Name: Surgery details :	Name: Address: Tel: Mobile: Unit Number:

SUSPECTED DIAGNOSIS: ►

IF SYMPTOMS ARE HIGHLY SUGGESTIVE OF MALIGNANCY, REFER 2WW

SYMPTOMS

Pain	○ Periodic ○ Episodic ○ Constant ○ None Site: ►
Radiation	○ Straight through ○ Around side to back
Early morning	○ Yes ○ No
Related to meals	○ Yes ○ No
Length of history	Duration: ►
Heartburn	○ Yes ○ No
Abdominal distension	○ Yes ○ No
Dysphagia	○ Yes ○ No **IF YES, REFER 2WW**
Anorexia	○ Yes ○ No
Weight loss	○ Yes Amount: ► Duration: ► ○ No **IF WEIGHT LOSS IS GIVING CAUSE FOR CONCERN, REFER 2WW**
Jaundice	○ Yes ○ No **IF YES, REFER 2WW**

Haematemesis	○ Yes Date: ▶ ○ No
Malaena	○ Yes Date: ▶ ○ No

Previous Surgery	☐ Gastric ☐ Gall bladder ☐ Other abdominal ☐ None
Family History	☐ Ulcer ☐ Gall stones ☐ Cancer ☐ None

PREVIOUS INVESTIGATION

Gastroscopy	○ Yes Date: ▶ Result: ▶ ○ No
Ultrasound	○ Yes Date: ▶ Result: ▶ ○ No
Barium Meal	○ Yes Date: ▶ Result: ▶ ○ No

EXAMINATION

Tenderness	○ Yes Site: ▶ ○ No
Masses	○ Yes Site: ▶ ○ No
Anaemia	○ Yes Type (if known): ▶ ○ No
Jaundice	○ Yes Duration: ▶ ○ No

CURRENT MEDICATION

Medication

Acute

Repeat

ALLERGIES

Allergies

Specific Allergy	☐ General ☐ Pethidine	☐ Buscopan ☐ Diazepam	☐ Lignocaine ☐ None
NSAID Allergy	○ Yes ○ No	Specify: ►	
Ulcer-Healing Drugs Allergy	○ Yes ○ No	Specify: ►	

MEDICAL HISTORY

Problems

Active

Significant Past

Consultations

Smoking Status

Alcohol Consumption

General Health	○ **Poor** **Details:** ► ○ **Good**
Other Specified Conditions (if not included in Problem List)	☐ **Valvular Heart Disease** ☐ **Asthma** ☐ **Ischaemic Heart Disease** ☐ **Chronic Bronchitis** ☐ **Diabetes Mellitus** ☐ **Glaucoma**
Other Useful Information	►

Investigation Required	►
Date and Time of Procedure	►
Instructions About Procedure Given to Patient	○ **Yes** ○ **No**