

# Barnsley Hospital NHS Foundation Trust

Telephone: Barnsley (01226) 730000 ext 2795

## GI DIAGNOSTIC SERVICES Choose & Book Lower GI Questionnaire

Date:

### GP Details

Telephone:

Practice Code:

### Patient Details

Telephone:

Unit Number:

**SUSPECTED DIAGNOSIS: ►**

**IF SYMPTOMS ARE HIGHLY SUGGESTIVE OF MALIGNANCY, REFER 2WW**

### SYMPTOMS

<b>Altered Bowel Habit</b>	<input type="radio"/> Yes <input type="radio"/> No	Duration: ►
<b>Diarrhoea</b>	<input type="radio"/> Continuous <input type="radio"/> No	<input type="radio"/> Episodic Duration: ►
<b>Constipation</b>	<input type="radio"/> Continuous <input type="radio"/> No	<input type="radio"/> Episodic Duration: ►
<b>Rectal Bleeding</b>	<input type="radio"/> Continuous <input type="radio"/> No	<input type="radio"/> Episodic Duration: ►
<b>Pain</b>	<input type="radio"/> Yes <input type="radio"/> No	Site: ►
<b>Distension</b>	<input type="radio"/> Yes <input type="radio"/> No	
<b>Weight Loss</b>	<input type="radio"/> Yes <input type="radio"/> No	Amount: ► Duration: ►

**IF WEIGHT LOSS IS GIVING CAUSE FOR CONCERN, REFER 2WW**

## Barnsley Hospital NHS Foundation Trust

<b>Family History</b>	<input type="checkbox"/> Cancer <input type="checkbox"/> Crohn's <input type="checkbox"/> Colitis <input type="checkbox"/> Polyps <input type="checkbox"/> None
<b>Recent Visits Abroad</b>	<input type="radio"/> Yes      Details: ► <input type="radio"/> No

### PREVIOUS INVESTIGATION

<b>Barium Enema</b>	<input type="radio"/> Yes      Date: ►      Result: ► <input type="radio"/> No
<b>Sigmoidoscopy</b>	<input type="radio"/> Yes      Date: ►      Result: ► <input type="radio"/> No
<b>Colonoscopy</b>	<input type="radio"/> Yes      Date: ►      Result: ► <input type="radio"/> No

### EXAMINATION

<b>Anaemia</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Tenderness</b>	<input type="radio"/> Yes      Site: ► <input type="radio"/> No
<b>Masses</b>	<input type="radio"/> Yes      Site: ► <input type="radio"/> No
<b>Rectal Examination</b>	<input type="radio"/> Normal <input type="radio"/> Blood <input type="radio"/> No

**IF A MASS IS PRESENT, REFER 2WW**

### CURRENT MEDICATION

**Medication**

*Acute*

*Repeat*

### ALLERGIES

**Allergies**

# Barnsley Hospital NHS Foundation Trust

<b>Specific Allergy</b>	<input type="checkbox"/> General	<input type="checkbox"/> Buscopan	<input type="checkbox"/> Lignocaine
	<input type="checkbox"/> Pethidine	<input type="checkbox"/> Diazepam	<input type="checkbox"/> None

## MEDICAL HISTORY

### Problems

*Active*

*Significant Past*

### Consultations

### Smoking

### Alcohol Consumption

<b>General Health</b>	<input type="radio"/> Poor      Details: ► <input type="radio"/> Good
<b>Other Specified Conditions</b> (if not included in Problem List)	<input type="checkbox"/> Valvular heart disease <input type="checkbox"/> Asthma <input type="checkbox"/> Ischaemic heart disease <input type="checkbox"/> Chronic bronchitis <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Glaucoma
<b>Other Useful Information</b>	►

<b>Investigation Required</b>	►
<b>Date and Time of Procedure</b>	►
<b>Instructions About Procedure Given to Patient</b>	<input type="radio"/> Yes <input type="radio"/> No