MAYO CLINIC HEALTHCARE

ENDOSCOPY REFERRAL FORM

Endoscopy Department, 15 Portland Place, London W1B 1PT Mon-Fri 8:30 – 16:00 T: +44 20 07871 2575 E:ukmchreferral@mayo.edu

PATIENT INFORMATION		All fields with a * are mandatory		
*LAST NAME			*FIRST NAME	
*DATE OF BIRTH			GENDER	Male ☐ Female ☐ Non-Binary ☐
INTERPRETER REQUIRED?			PHONE NUMBER	
MCH patient number (if known)			EMAIL	
*PATIENT'S ADDRESS	Address		FUNDING	SELF PAY ☐ INSURANCE ☐ ACCOUNT ☐ OTHER ☐
	City		INSURANCE COMPANY	
	Postcode		MEMBERSHIP NUMBER	
	Country		Pre- authorisation number	

PROCEDURE DETAILS

*Procedure	*Clinical Indication: Including any relevant history and investigations
☐ Colonoscopy ☐ Gastroscopy ☐ Flexible Sigmoidoscopy ☐ Catheterless oesophageal PH monitoring. ☐ Other, Please Specify	
*Sedation Yes ☐ No ☐	**Date and time of Procedure:**

Bowel Preparation

*Bowel Preparation as directed	*Delivery Method	By completing this section, you confirm you have completed a clinical assessment to ensure there are no contradictions in the use of the bowel preparation and that any necessary precautions required have been arranged.
☐Moviprep ☐Plenvu ☐Phosphate Enema ☐Other	☐Patient Visit Pharmacy ☐Pharmacierge ☐Given to Patient in Clinic ☐ Confirm Patient received prep	

Drug And Medical History

Anticoagulant/Antiplatelet	Yes ☐ No ☐	Pacemaker/ICD	Yes ☐ No ☐
Allergies	Yes ☐ No ☐	Respiratory issues	Yes ☐ No ☐
Diabetes	Yes ☐ No ☐	Ability to Consent	Yes ☐ No ☐
CJD Risk	Yes ☐ No ☐	Iron Medication	Yes ☐ No ☐
Infections (E.G. HIV/TB/Hepatitis)	Yes ☐ No ☐	Mobility Problems	Yes ☐ No ☐
Cardiac conditions	Yes ☐ No ☐	Other (Please specify below)	Yes ☐ No ☐

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REFERRING CLINICIAN DETAILS

REFERRING CLINICIAN DETAILS – Please attach the last clinic letter, any relevant test results, and any additional documentation to this form and submit to us via email to - ukmchreferral@mayo.edu

DECLARATION & FORM SUBMISSION

I authorize this patient to undergo the above procedure. ☐

I confirm that patient is fit to have bowel preparation. ☐

***Name**		***Practice Name**	
***Signature**		***Address**	
***GMC Number**		***Phone**	
***Date**		***Email**	