

Patient's Details

Title *	First Name	Surname	ID Card
Mr.	[REDACTED]	[REDACTED]	
Age	Upper GI Form Patient Gender	Mobile	Phone
	Male	[REDACTED]	[REDACTED]

For Office Use

Is ticket referred for SOP Yes No

Assigned Consultant

Appointment Indication

Clinical Details

WHO Performance Status

1 - Restricted in strenuous activity but ambulatory and able to carry out light work.

Condition Suspected* Oesophagogastric Hepatopancreatobiliary

Symptoms *

Unexplained Weight Loss

Unexplained Appetite Loss

Upper Abdominal Mass

Abdo/back pain with weight loss (>50years of age)

Nausea and vomiting with significant weight loss

Dyspepsia not relieved by Rx (> 50 years of age)

Haematemesis Melaena

Dysphagia/Odynophagia

Anemia with upper abdo symptoms

Reflux symptoms with weight loss

Painless Obstructive Jaundice

Epigastric pain with new onset diabetes (> 60 years of age)

Kindly book Renal Function Test if no recent result is available.

Medical History *

Is patient on any of the following drugs ?

Clopidogrel

Warfarin

Clexane

Rivaroxiban

Apixaban

None

Any other anticoagulant ?

Other Conditions

Asthma Yes

On Metformin No

Allergies Yes

Please specify : Penicillin - rash

Full history / comments: *

[Redacted content]

Close

Referring Doctor's Details

Title Mr.	Name [Redacted]	Surname [Redacted]	Med Reg No [Redacted]
Mobile [Redacted]	Phone [Redacted]	Email [Redacted]	