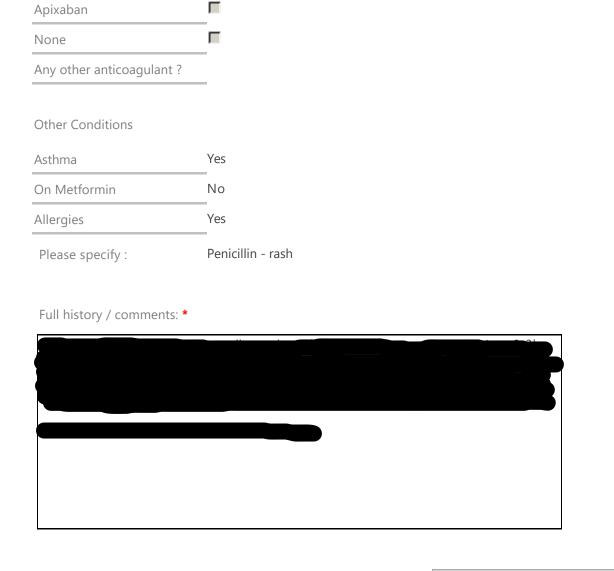
Patient's Details Title * First Name Surname **ID** Card Mr. Upper GI Form Patient Gender Mobile Age Phone Male For Office Use Is ticket referred for SOP **Assigned Consultant** C Yes No Appointment Indication Clinical Details WHO Performance Status 1 - Restricted in strenous activity but ambulatory and able to carry out light work. C Oesophagogastric C Hepatopancreatobiliary Condition Suspected* Symptoms * V **Unexplained Weight Loss** W **Unexplained Appetite Loss Upper Abdominal Mass** Abdo/back pain with weight loss (>50 years of age) Nausea and vomiting with significant weight loss 14,00 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 V Rivaroxiban



Close

Referring Doctor's Details

