



PRIVATE and SELF PAY
Gastroscopy or Colonoscopy

GP Request Form

Consultants

DR Z AHMED
 DR G BRAY BSc MD FRCP
 MR M DWORKIN MB BS FRCS MS

TEL: 01702 462 944

ADD: Endoscopy Unit
 Spire Wellesley Hospital
 Eastern Avenue
 Southend On Sea SS2 4XH

PLEASE USE BLOCK CAPITALS and complete the entire form below and post or fax to us

PATIENTS BETWEEN THE AGE OF 18 – 75 YEARS ARE SUITABLE IF FIT FOR SEDATION AND WITHOUT CONSIDERABLE COMORBIDITY SUCH AS CARDIAC FAILURE OR CHRONIC OBSTRUCTIVE PULMONARY DISEASE.

PATIENT DETAILS		<i>Please tick as relevant</i>	Self Pay <input type="checkbox"/>	Medically Insured <input type="checkbox"/>
Mr/Mrs/Ms/Miss:		D.O.B		
Surname:		First name:		
Address:				
		Postcode:	Tel:	
Medical Insurance Company (<i>if applicable</i>)				
Medical Details/History:				

Referring GP:		Tel:
Practice Address :		

Is request for: (please tick) **Upper Endoscopy** **Lower Endoscopy**

OTHER RELEVANT PROBLEMS

- Transmissible infection..... YES/NO* If yes, specify -
- Heart valve disease/prosthesis..... YES/NO* If yes, specify -
- Angina..... YES/NO*
- Pacemaker..... YES/NO*
- Anticoagulants/bleeding diathesis..... YES/NO* If yes, specify -
- IDDM..... YES/NO*
- COPD..... YES/NO*
- Drug Allergy..... YES/NO* If yes, specify -

Specify **ALL** current treatments including NSAIDs:

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