**Referral to Inflammatory Bowel Disease Clinic**

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**Referral For:** [ ]  Suspected Inflammatory Bowel Disease

 [ ]  Flare in Patient with Known IBD

 [ ]  Other:

**Patient Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | NHS No. |  |
| Address |  | Date of Birth |  |
| Home Telephone |  |
| Work Telephone |  |
| Email |  | Mobile Telephone |  |

**Referrer Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Referral |  |
| Base |  | Practice Code/ID |  |
| Address |  | Telephone |  |

**Communication and Accessibility needs:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interpreter required?: | Yes | [ ]  | No | [ ]  | Wheelchair access required?  | Yes | [ ]  | No | [ ]  |
| Language:  |  | Learning Disability:  |  |
| Hearing: |  | Other disability needing consideration:  |  |
| Vision: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Military Service Person | [ ]  | Military Veteran | [ ]  | Member of Military Family |

**Clinical Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Rectal bleeding | [ ]  Yes [ ]  No  | Abdominal Pain | [ ]  Yes [ ]  No | Nocturnal Symptoms | [ ]  Yes [ ]  No |
| Weight loss | [ ]  Yes [ ]  No  | Smoker: [ ]  Yes [ ]  No  | IBD Family History | [ ]  Yes [ ]  No |
| Clinical Details:       |

**Blood Tests:** Mandatory

|  |  |
| --- | --- |
| **FBC** |  |
| **UE** |  |
| **LFT** |  |
| **CRP** |  | **ESR** |  |
| **TTG** |  | **Other** |  |

|  |  |
| --- | --- |
| **MC+S** |  |
| **Faecal Calprotectin** | 1st: 2nd (if required):  |
| **Faecal Calprotectin Reference Ranges and Guidance**FC <50mcg/l - IBD unlikely, primary care management FC 50-100mcg/l – Indeterminate, please repeat 4-6 weeks if symptoms persistRe-test: FC >50mcg/l - Consider referral to GastroenterologyFC >100mcg/l - Positive test, please refer to Gastroenterology | **Impact of FC in Primary Care**If FC was not available would you have referred this patient to secondary care? Yes [ ]  No [ ] Are you planning to refer this patient to secondary care even if FC is normal? Yes [ ]  No [ ]  |
| **NB Ensure patient has taken no NSAIDs for at least 4 weeks.****Beware of red flag symptoms: Aged >50yrs (CR pathway).****False positives can occur with other pathology.** |

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| Stool MC+S (mandatory for patients to go straight to test):       |

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| **Medical Problems** |

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| **Allergies:** |

|  |  |
| --- | --- |
| **Medication:**Acutes  |  |
| Repeats  |  |

|  |
| --- |
| **Triage decision – Receiving Gastroenterologist to tick.** |
| [ ]  New OPA  | [ ]  Within 2 weeks  | [ ]  Within 4 weeks |
| Date: Name: Signature:  |

**OPA are described as the time strived for but due to current pressures it is unlikely to be met and will be arranged on a case by case basis.**