**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 persist  Re-test: FC >50mcg/l - Consider referral to Gastroenterology  FC >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): |

|  |
| --- |
| **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.**