GI Investigation unit referral form

Patient details :	R	Referral	
Name	Consultant :		
D.O.B	Inpatient :	Outpatient:	
Address	Ward:	-	
(Sticker)			
	Routine:	Urgent: \Box	
Tel.		-	

Clinical information and indication:

Heigl	ht; cm	Weight:	kg	
Test required:				
•	Ph study:]		
• PH –Impedance (for up to 2 yrs old) \Box				
٠	Hydrogen Breath test	t: lactose \Box .	fructose□Sucrose□	
		Bacterial of	overgrowth (Glucose) \Box	
Plus Methane (only above 7 yrs old):				
•	Energy expenditure:			
•	Body composition:			
Current medication:				
Study	y request: On] Off 🗆	anti-reflux medication?	
Other planned GI investigations: Date:				
Name	e /position	signature	Date:	