

Suspected Upper GI Cancer – Referral Form



This form should be submitted via the Referral Support Service

Condition Details (tick appropriate boxes)

Patients meeting any of the criteria in this section will have a gastroscopy (with clinical assessment) arranged by the hospital:

Dysphagia

Age ≥ 55 with **weight loss** and **upper abdominal pain**

Age ≥ 55 with **weight loss** and **reflux**

Age ≥ 55 with **weight loss** and **dyspepsia**

Upper abdominal mass (suspected oesophago-gastric aetiology)

Patients meeting any of the criteria in this section will have an outpatient appointment arranged by the hospital:

Attach copies of the radiology reports with this referral form

Suspected oesophago-gastric cancer found on **imaging**

Suspected primary liver cancer found on **imaging**

Suspected gall bladder cancer found on **imaging**

Suspected pancreatic cancer found on **imaging**

Patients meeting this criterion will have an outpatient appointment and an ultrasound scan arranged by the hospital

Age ≥ 40 with jaundice (otherwise well)

If patient is **unwell** and has **painless** jaundice admit to **Medicine on Call**

If patient is **unwell** and has **painful** jaundice admit to **General Surgery on Call**