

HRM Referral Form

Please complete all sections of the form and return to giphsiology@onewelbeck.com.

RESULTS PORTAL - PLEASE CONTACT US TO GAIN ACCESS

PATIENT DETAILS

TITLE:	FORENAME(S):	SURNAME:	MRN:
DATE OF BIRTH:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		
RESIDENTIAL ADDRESS:		POSTCODE:	
TELEPHONE:	MOBILE:	EMAIL:	

EXAM REQUIRED:

High Resolution Oesophageal Manometry only

High Resolution Oesophageal Manometry + PH Impedence recording
OFF ACID REDUCING MEDICATION

High Resolution Oesophageal Manometry + PH Impedence recording
ON ACID REDUCING MEDICATION (PLEASE SPECIFY REASON FOR
ON PPI PH TESTING IN CLINICAL DETAILS)

FURTHER CLINICAL DETAILS:

SYMPTOMS:

How often does the patient experience dysphagia?
 Every Meal Every Day Occasionally Never

How often does the patient experience chest pain?
 Every Meal Every Day Occasionally Never

How often does the patient experience regurgitation?
 Every Meal Every Day Occasionally Never

How much weight has the patient lost?
 0-5kg 5-10kg >10kg No weight loss

Has the patient experienced heartburn?
 Yes No

FURTHER INFORMATION:

What previous surgery has the patient had?
 Anti-reflux surgery Myotomy Other Upper GI surgery None of these

Has the patient had previous endoscopy?
 Yes No

Has the patient had previous barium study?
 Yes No

Has the patient had previous physiology (HRM +/- PH monitoring)?
 Yes No

Please send any operation note/ endoscopy/ barium study/ previous manometry reports to Dr Sweis secretary on: giphsiology@onewelbeck.com

REFERRER DETAILS

GP/REFERRER NAME:	GP/REFERRER PRACTICE:
GP/REFERRER CONTACT NUMBER:	GP/REFERRER EMAIL:
PROFESSIONAL REG NO:	DATE: