GastroLife
Gastrointestinal Testing Clinic

GastroLife Referral Form

Patient Details

Name		MRN	
Address		Email	
		DOB	
		Phone Number	

Procedure Required (Tick as Required)

Small Intestinal Bacterial Overgrowth (SIBO)	☐	Helicobacter Pylori (Urea Breath Test)	☐
Lactose Malabsorption	☐	Helicobacter Pylori (Urea Breath Test) Post Treatment	☐
Faecal Calprotectin	☐	Helicobacter Pylori Stool Antigen Test	☐
Faecal Pancreatic Elastase	☐	Fructose Malabsorption	☐
Sorbitol Malabsorption	☐	Sucrose Malabsorption	☐

Symptom(s) / Diagnosis(es)

Bloating	☐	Crohn's Dx	☐	OGD	Yes ☐	No ☐	
Diarrhoea	☐	Ulcerative Colitis	☐	Result			
Constipation	☐	H.Pylori	☐				
Altered Bowel Habit	☐	Coeliac Dx	☐				
Flatus	☐	Pancreatic Dx	☐	Colonoscopy	Yes ☐	No ☐	
Fullness	☐	IBS	☐	Result			
Cramps	☐	Gastritis	☐				
Belching	☐	Adhesions	☐				
Gastric Reflux	☐	Bariatric Surgery	☐	Dietary Response			
Fatigue	☐	GIT Surgery	☐				
Halitosis	☐	Diverticular Dx	☐	Positive Response		☐	
Oesophagitis	☐	Barretts	☐	Moderate Response		☐	
Vomiting	☐	Nausea	☐	No Response		☐	

Referrer Details

Name		Phone	
Address		Fax	
		Email	
Referral Date		Signed	
Consultant	☐	GP	☐

Contact Details:
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