# GI PHYSIOLOGY PROCEDURE REQUEST FORM

Patient Name: ..... D.O.B: .....

Address: .....

Telephone Number: .....

E-mail: ..... Insurance provider: .....

Referring Doctor: .....

Address for Results: .....

Mobility Issues/Special Requirements: .....

| | | |
|---|---|---|
| High-Resolution Oesophageal Manometry | | ☐ |
| 24 Hour Ambulatory Oesophageal pH and Impedance | | ☐ |
| LPR Ambulatory Reflux Monitoring (Restech) | | ☐ |
| Biofeedback for Rumination / Supragastric belching (diaphragmatic breathing) | | ☐ |
| Gastric Emptying 13C Breath Test | | ☐ |
| Electrogastrogram (EGG) | | ☐ |
| Small Bowel Physiology (SmartPill) Study | | ☐ |
| Hydrogen and Methane Breath Test | SIBO (Lactulose) | ☐ |
| | SIBO (Glucose) | ☐ |
| | Lactose intolerance (Lactose) | ☐ |
| | Fructose intolerance (Fructose) | ☐ |
| Helicobacter Pylori Breath Test | | ☐ |
| High-Resolution Anorectal Manometry | | ☐ |
| Endo-anal Ultrasound | | ☐ |
| Pudendal Nerve Terminal Motor Latencies | | ☐ |
| Evacuation Proctography (London only) | | ☐ |
| Whole-Gut Transit Study (Radio-opaque Markers) (London only) | | ☐ |
| Biofeedback for Evacuatory Dysfunction / Incontinence | | ☐ |
| Percutaneous Tibial Nerve Stimulation (PTNS) | | ☐ |

Clinical Indication.....

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PLEASE CIRCLE THE ANSWERS:

Does the patient have Diabetes?

YES NO

Has the patient had gastrointestinal surgery?

YES NO

Has the patient a history of Cardio-Respiratory disease?

YES NO

Has the patient been prescribed and Anticoagulants or Antiplatelets?

YES NO

Has the patient any of these IFDs: Hep B/C, HIV, CDIF, MRSA, TB?

YES NO

Has the patient any allergies?

YES NO

Has the patient ever been informed that they are at increased risk of vCJD for Public Health purposes?

YES NO

Has the patient been diagnosed with vCJD or a similar illness (either definite, possible or probable)?

YES NO

Has the patient any symptoms compatible with vCJD?

YES NO

Does the patient require an interpreter?

YES NO

Is the patient fit for physiological diagnostic testing?

YES NO

Consent initiated?

YES NO

Additional Relevant Information? .....

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THE FUNCTIONAL GUT CLINIC
22 UPPER WIMPOLE STREET
LONDON, W1G 6NB
TEL: 0207 486 7777
admin@thefunctionalgutclinic.com

THE FUNCTIONAL GUT CLINIC
262 Deansgate
MANCHESTER, M3 4BG
TEL: 0161 302 7777
admin@thefunctionalgutclinic.com

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