



Patient Name _____

Referring Consultant _____

Address: _____

Hospital _____

D.O.B ____/____/____ Telephone: _____

Registrar Name _____

Mobile Number _____

DATE OF REQUEST ____/____/____ URGENT ROUTINE

Medical Insurance VHI Aviva
Laya Other None

Procedure Indicators:

CBD Stone Cholangitis Stent removal Pancreatic Mass Biliary Strictures Other

Relevant Patient Information:

Medical Summary attached Yes No

Radiology Reports – Please attach reports MRCP CT Ultrasound Bloods

Does the patient take any ANTICOAGULANTS Yes Please specify _____ No
Does the patient take any ANTIPLATELETS Yes Please specify _____ No
Off Warfarin with normal INR Heparin held for 24 Hours Antibiotic only for cholangitic patients
ICD Yes No Pacemaker Yes No Is the patient Diabetic? Yes No Insulin Dependent
Non Insulin Dependent
Specific risks? Yes No MRSA C.DIFF V.R.E C.R.E Other

Requirements prior to the procedure:

Fasting for food and fluids Yes No Time: _____
Please provide:
Recent blood results must include Coag
Date Taken ____/____/____ Hb: _____ INR: _____ Bili: _____
Wcc: _____ PT: _____ AlkP: _____
Pit: _____ Alb: _____ ALT: _____
CRP: _____ GGT: _____

CONSENT (next of kin if required) Yes No Comment
Signed Pre Transfer

Cannula (Right Arm) Yes No Comment

Drug Allergies Yes No Comment

Pregnancy test, must be carried out in the referring hospital

Ambulance Book Ambulance for transfer to Beaumont Hospital Yes No

It is important to note that the patient needs to arrive in the Stephen Doyle Endoscopy Unit

Book Ambulance for transfer back to Referring Hospital Yes No