

Welbeck Monometry Request Form

Please complete all sections of the form. **By completing this form, you confirm you have the consent required to share this information.**

PATIENT DETAILS

Title:	Forename:	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 Impedance recording OFF acid reducing medication
- ☐ High resolution Oesophageal Manometry + PH Impedance recording ON acid reducing medication
(Please specify reason for on PPI PH testing in clinical details)

SYMPTOMS:

How often does the patient experience dysphagia?	<input type="checkbox"/> Every meal	<input type="checkbox"/> Every day	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
How often does the patient experience chest pain?	<input type="checkbox"/> Every meal	<input type="checkbox"/> Every day	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
How often does the patient experience regurgitation?	<input type="checkbox"/> Every meal	<input type="checkbox"/> Every day	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
How much weight has the patient lost?	<input type="checkbox"/> 0-5kg	<input type="checkbox"/> 5-10kg	<input type="checkbox"/> >10kg	<input type="checkbox"/> No weight loss
Has the patient experienced heartburn?	<input type="checkbox"/> Yes			<input type="checkbox"/> No

FURTHER CLINICAL DETAILS:

FURTHER INFORMATION:

What previous surgery has the patient had?	<input type="checkbox"/> Anti-reflux surgery	<input type="checkbox"/> Myotomy	<input type="checkbox"/> Other upper GI surgery	<input type="checkbox"/> None of these
Has the patient had previous endoscopy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the patient had previous barium study?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the patient had previous physiology? (HRM +/- PH monitoring)?			<input type="checkbox"/> Yes <input type="checkbox"/> 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:

Please attach the last clinic letter, any relevant test results and any additional documentation to this form & submit to us via one of the following: