**Nutrition & Dietetic Service**
Holloway Community Health Centre
11 Hornsey Street
London, N7 8GG
Tel: 020 3316 8871
**Service Website:** www.whittington.nhs.uk/diet
**Service Email:** dietitians.whitthealth@nhs.net

**Private and Confidential**

Insert patient address

Dear GP,

**Re:** XXX   **DOB:** XXX,   **NHS No:** XXXX

Dear GP, In order to accept a referral for Irritable Bowel Syndrome (**IBS**) we need to confirm other diagnoses have been excluded. We have been unable to ascertain this from the referral information provided. Please can you respond to the following statements and return this proforma, along with a completed referral form, to arti.centralbooking@nhs.net.

|  |  |  |
| --- | --- | --- |
| I (referring practitioner) confirm the following diagnostic tests have been carried out as per NICE guidelines for IBS in adults [www.nice.org.uk/CG061](http://www.nice.org.uk/CG061)**Full blood count (FBC)****Erythrocyte sedimentation rate (ESR)****C‑reactive protein (CRP)****Antibody testing for Coeliac disease EMA or TTG** (*Patient must eat some gluten in more than one meal for at least 6 weeks before test taken*). | **Yes** | **No** |
|  |  |
| I (referring practitioner) confirm that the patient has the following symptoms which indicate IBS [www.nice.org.uk/CG061](http://www.nice.org.uk/CG061):Abdominal pain or discomfort that is either relieved by defaecation or associated with altered bowel frequency or stool form. This should be accompanied by at least two of the following four symptoms:* altered stool passage (straining, urgency, incomplete evacuation)
* abdominal bloating (more common in women than men), distension, tension or hardness
* symptoms made worse by eating
* passage of mucus.
 |  |  |
| I confirm these symptoms have been ongoing for more than 6 months.  |  |  |

Kind regards, **Community Nutrition and Dietetics Service**