

# Appendix 1

ROYAL CORNWALL HOSPITALS TRUST

## ONE-STOP DYSPHAGIA CLINIC

**PLEASE FAX THIS PROFORMA TO: GASTROENTEROLOGY DEPARTMENT  
ON 01872 252794**

**Patient Name:** \_\_\_\_\_  
\_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Hospital Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_   
\_\_\_\_\_  
\_\_TELEPHONE:\_\_\_\_\_

**GP Name:** \_\_\_\_\_  
**Practice Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_

1. Please ask the patient the following question:

“Does food or drink stick on the way down on swallowing?”  
Yes  
No  
Indeterminate

2. Is the dysphagia progressive (ie is it getting worse)?  
Yes  
No

3. Weight change in last 3 months .....

4. Has your patient previously had investigations/treatment eg. OGD / BaS, oesophageal dilatation or botox injections, for this problem and if so what was result?  
.....  
.....

- PLEASE NOTE:**
- a) Only patients with true dysphagia will be seen at the one-stop dysphagia clinic. Patients without true dysphagia will be seen in a standard clinic.
  - b) Patients with incomplete referral proforma will be seen in a standard clinic.