

**Date:** [Insert Date]

**To:** Gastroenterology Department / Endoscopy Unit

**Facility Name:** [Insert Hospital/Clinic Name]

**Address:** [Insert Address]

**RE: Referral for Urgent Endoscopy - Suspected Inflammatory Bowel Disease (IBD)**

**Patient Name:** [Insert Full Name]

**Date of Birth:** [Insert DOB]

**Health ID/MRN:** [Insert ID Number]

**Contact Number:** [Insert Phone Number]

Dear Consultant Gastroenterologist,

I am referring this patient for an urgent specialist consultation and endoscopic evaluation (Colonoscopy/Gastroscopy) due to clinical suspicion of Inflammatory Bowel Disease (Ulcerative Colitis or Crohn's Disease).

**Clinical Presentation and Symptoms:**

- Duration of symptoms: [e.g., 6 weeks]
- Change in bowel habit: [e.g., increased frequency, urgency]
- Rectal bleeding: [Yes/No]
- Abdominal pain: [Location/Severity]
- Systemic features: [e.g., weight loss, fever, nocturnal diarrhea, fatigue]
- Extra-intestinal manifestations: [e.g., joint pain, skin rashes, eye inflammation]

**Relevant Test Results:**

- **Fecal Calprotectin:** [Result] mg/kg (Date: [Date])
- **Full Blood Count:** [e.g., Anemia/Leukocytosis]
- **CRP/ESR:** [Result] (Elevated/Normal)
- **Stool Culture:** [Negative for infectious pathogens]

**Medical History & Medications:**

[Insert brief history of comorbidities, family history of IBD, and current medications including NSAID use].

**Referral Request:**

I would appreciate your urgent assessment and diagnostic endoscopy to confirm a diagnosis and initiate a management plan. Please notify the patient of their appointment date.

Yours sincerely,

[Doctor's Signature]  
**Dr. [Full Name]**  
[Practice Name]  
[Contact Information]