

Patient Details (or affix stamp)

Name: _____
 Address: _____

 Sex: _____ DoB: _____
 Hosp ID: _____

Patient Assessment Form

Participant Study No

Hospital: _____

Date: _____/_____/_____

Consultant's Details

Name: _____

Signature: _____

Please tick the box which best describes the patient:-

| Eligibility Criteria | Yes | No |
|---|-----|----|
| 1 Evidence of GORD (endoscopy and/or pH monitoring) | | |
| 2 Symptoms > 12 months | | |
| 3 Currently requiring maintenance PPI symptom control | | |
| 4 Suitable for either policy (ASA Grade I or II) | | |

| Reasons for Exclusion | Yes | No |
|---|-----|----|
| 5 BMI > 40 kg/m ² | | |
| 6 Barrett's oesophagus (≥3cm) | | |
| 7 Paraoesophageal hernia | | |
| 8 Oesophageal strictures | | |
| 9 One type of management is clinically indicated for another reason | | |
| 10 Other (state) | | |

If there is a tick in **every** shaded box the patient is eligible



Has the patient had erosive oesophagitis? (please circle) **Yes** **No**



Please pass on this form with the patient to the research nurse

Recruitment and Co-morbidity Information (to be completed by the research nurse)

Source of recruitment Retrospective Prospective

Reasons for non-recruitment

Clinician chose not to recruit Patient declined Patient not approached/missed

H.Pylori test (CLO test)

Positive (subsequently treated) Positive (subsequently untreated) Negative Uncertain

Hiatus Hernia

Yes No

pH monitoring

Yes No

Height m / ft

Weight kg / st