# Clinical Information Sheet

## POSITIVE FHH AND/OR VISIBLE RECTAL BLEEDING

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Clinical Presentation/syndrome</th>
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<tbody>
<tr>
<td>Positive FHH and/or visible rectal bleeding</td>
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### Information required with referral

1. **History of bleeding** – if overt bleeding noted (specify FHH below if only occult blood loss)
   - a. volume, frequency
   - b. duration
   - c. associated bowel symptoms

2. **Reason for FHH** – if done
   - a. National Bowel Cancer Screening program
   - b. symptoms (specify)
   - c. routine screening

3. **Associated alarm symptoms** – specify whether present or not
   - a. change in bowel habit
   - b. weight loss
   - c. new abdominal pain

4. **Past history of GI disease: specify yes or no**
   - a. Cancer
   - b. Polyps
   - c. Inflammatory bowel disease
   - d. Coeliac disease
   - e. Irritable bowel syndrome
   - f. Haemorrhoids
   - g. Abdominal radiotherapy

5. **Family history of GI disease** – cancer, polyps, IBD (need age and relationship of person to referred patient)

6. **Current medication** – anticoagulants, antiplatelets, NSAID, SSRI

### Minimum investigations required with referral

1. CBE, MBA20, iron studies
2. Evidence of positive FHH test (if relevant)