Persistent rectal bleeding with altered bowel habit: referral

Assume that today's date is 5 November 2026. You have reviewed Mr Kariuki Gacheri following the return of his urgent colorectal referral. This is original independent practice material; all patient-specific details are fictional. You are Dr Judith Ngui, a general practitioner. Write to Dr Raphael Makori, Colorectal Surgeon, Urgent Colorectal Clinic, Surgical Outpatients Department, 24 Clinic Road. Resubmit Mr Kariuki Gacheri's referral, supplying the information requested when it was returned and explaining his interval clinical deterioration. The clinic retains access to the original referral, so avoid repeating the full background. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Mr Kariuki Gacheri	☐	☐	☐
2. DOB: 14/03/1968 (58 yrs)	☐	☐	☐
3. Review date: 05/11/2026	☐	☐	☐
Social background			
4. Married; wife available to accompany him	☐	☐	☐
5. Retired bus driver; independent with daily activities	☐	☐	☐
6. Enjoys crosswords	☐	☐	☐
7. Disclosed private disagreement about daughter's wedding costs	☐	☐	☐
Medical history			
8. Hypertension; amlodipine daily	☐	☐	☐
9. No anticoagulants, aspirin or NSAIDs	☐	☐	☐
10. NKDA	☐	☐	☐
11. Appendicectomy 1987; uncomplicated	☐	☐	☐
Previous referral			
12. 22/10: urgent colorectal referral for rectal bleeding and altered bowel habit	☐	☐	☐
13. Then: symptoms 6/52; intermittent blood mixed with stools; frequency ↑ from once to three times daily	☐	☐	☐
14. Initial abdomen soft; no palpable mass	☐	☐	☐
15. 29/10: referral returned; quantitative FIT, FBC report and rectal examination findings missing	☐	☐	☐
16. Original referral remains accessible to clinic; full background already supplied	☐	☐	☐
Missing information now available			
17. 03/11 FIT: 86 micrograms Hb/g faeces	☐	☐	☐
18. 03/11 FBC: Hb 137 g/L; platelets 278 × 10^9/L	☐	☐	☐
19. 05/11 rectal examination: no palpable mass or fissure; blood on glove	☐	☐	☐
20. FIT and FBC reports attached to resubmission	☐	☐	☐
Interval progress and current assessment			
21. Now: daily small-volume bleeding; no clots or continuous bleeding	☐	☐	☐
22. Since 01/11: new urgency and incomplete evacuation	☐	☐	☐
23. No melaena, vomiting or severe abdominal pain	☐	☐	☐
24. Weight unchanged: 76 kg	☐	☐	☐
25. BP 128/78 mmHg; pulse 76/min; no dizziness	☐	☐	☐
26. Abdomen remains soft, non-tender; no palpable mass	☐	☐	☐
Plan			
27. Explained: cause unconfirmed; further investigation necessary	☐	☐	☐
28. Resubmit today; request urgent assessment/investigation for persistent symptoms and interval deterioration	☐	☐	☐
29. Safety advice: emergency help for heavy/non-stop bleeding or large clots; ambulance if needed; do not drive	☐	☐	☐
30. Practice to confirm receipt; no clinic appointment allocated	☐	☐	☐
31. Complained receptionist sounded bored on telephone	☐	☐	☐

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