

Urgent referral to a gastroenterologist: iron-deficiency anaemia and rectal bleeding



Assume that today's date is 21 October 2026. Using the information in the case notes, write a letter of referral to Dr Anna Lindqvist, a gastroenterologist at Riverside Endoscopy Centre, requesting urgent assessment and colonoscopy. Address the letter to Dr Anna Lindqvist, Gastroenterologist, Riverside Endoscopy Centre, 140 Harbour Road, Northbridge. 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).

Patient details

- I C O
1. Name: Mr Kevin Doherty

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2. DOB: 14/03/1965 (61 yrs)

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3. Address: 22 Fernhill Road, Ashgrove

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4. Occupation: retired bank manager (retired 2024)

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Social background

- I C O
5. Married (Linda), 2 adult children living overseas

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6. Ex-smoker (quit 1998); alcohol approx. 10 standard drinks/wk

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7. Usually plays golf 2x/wk — stopped last month, 'too tired'

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8. Booked trip to Europe Dec 2026 — keen to 'get everything sorted' before then

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Medical history

- I C O
9. Hypertension (2015) — perindopril 5 mg mane

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10. Osteoarthritis both knees — ibuprofen 400 mg PRN (approx. 3x/wk, 2 yrs)

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11. Appendicectomy age 12

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12. Seasonal hay fever — loratadine PRN

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13. Allergies: penicillin (rash)

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14. Family Hx: father — colorectal cancer, diagnosed aged 68

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15. No previous colonoscopy; did not return national bowel screening kit (2023)

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08/10/26 — presenting complaint

- I C O
16. 3/12 fatigue, ↓ exercise tolerance, SOB climbing stairs

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17. Unintentional wt loss 6 kg in 4/12 (88 → 82 kg)

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18. 6/52 change in bowel habit: looser stools 2–3x/day; occasional dark red blood mixed with stool

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19. No abdominal pain, nausea or vomiting; appetite normal

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08/10/26 — presenting complaint

- I C O
20. Sleeping poorly — attributes to neighbour's renovations

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Examination

- I C O
21. Pale conjunctivae; HR 92 reg; BP 128/76; BMI 26

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22. Abdo soft, non-tender, no masses, no hepatomegaly

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23. PR: no palpable mass; dark red blood on glove

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Investigations (results 14/10/26)

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24. FBC: Hb 98 g/L (ref 130–180), MCV 72 fL; ferritin 6 µg/L

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25. iFOBT: positive

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26. U&E, LFTs normal; coeliac serology negative

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27. Lipids: total cholesterol 5.4 mmol/L

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Management

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28. Ibuprofen ceased — regular paracetamol 1 g up to QID for knees

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29. Commenced oral iron (ferrous sulfate 325 mg, 105 mg elemental iron) daily

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30. Pt anxious about possibility of cancer

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31. Pt's friend's wife recently diagnosed with bowel cancer; pt watched TV documentary on bowel cancer

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32. Pt asked whether golf club membership can be paused on medical grounds — letter provided

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Plan

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33. Urgent referral to gastroenterologist for colonoscopy ± gastroscopy

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34. Repeat FBC and ferritin in 4/52

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35. GP review 2/52, or earlier if bleeding increases or symptomatic

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