

BRAIN & CNS SUSPECTED CANCER REFERRAL FORM

Date of GP decision to refer: [Click here to enter a date.](#) No. of pages sent:
EMAIL REFERRAL TO: twowwgpreferrals.enh-tr@nhs.net

UNLESS THE PATIENT IS ALREADY KNOWN TO HAVE A MALIGNANT TUMOUR OF THE CENTRAL NERVOUS SYSTEM ALL SUSPECTED CASES MUST BE DISCUSSED WITH THE LOCAL NEUROLOGY TEAM BEFORE THE REFERRAL WILL BE ACCEPTED. PLEASE TELEPHONE 01438 284091/01438 285878/01438 285498 PLEASE TICK BOX TO CONFIRM THIS HAS OCCURRED NOTE: RAPID ACCESS IMAGING MAY BE AN ALTERNATIVE TO REFERRAL

PATIENT DETAILS – Must provide current telephone number.

Last name: _____ First name: _____
 Gender: M F DOB: _____
 NHS No: _____
 Address: _____

 Telephone (mobile/daytime): _____
 Telephone (evening): _____
 Patient agrees to telephone message being left? Y N
 Email: _____
 Interpreter required? Y Language/Hearing: _____
 Learning difficulties? Y
 Mental capacity assessment required? Y
 Known safeguarding concerns? Y
 Mobility requirements (unable climb on/off bed)? Y

MALIGNANCY SUSPECTED
 Brain tumour Previous cancer

SYMPTOMS & CLINICAL EXAMINATIONS

IF < 25 yrs WITH newly abnormal cerebellar or other central neurological function, call consultant direct to request an urgent appointment WITHIN 48 hours AND complete this form [2015].

Symptoms of CNS disease
 Progressive neurological deficit Cranial nerve palsy
 New onset seizures Recent behavioural change

Recent, first presentation of headache with features that could suggest raised intracranial pressure
 Worsened by lying/coughing Nausea/vomiting
 Double vision Intermittent drowsiness
 Focal neurological symptoms Recent behavioural change

Examination findings
 Impaired higher mental functions. That is:
 Alert/ oriented/ attentive/ forgetful (**delete as appropriate**)
 Facial weakness
 Extraocular muscular palsy Unilateral deafness
 Hemisensory loss Dysphasia
 Limbs – Ataxia Hemiparesis
 Cranial nerves – Papilloedema Other neuro examination
 Other primary cancer Please specify: _____

****Suspected metastatic spinal cord compression: refer as a medical emergency****

GP DETAILS

GP Name: _____
 Practice Code: _____
 Address: _____

 TEL: _____
 FAX: _____
 Practice email: _____
 Practice's direct access telephone/GP mobile – for use by Consultant only: _____

INVESTIGATIONS IN SUPPORT OF REFERRAL

Where MRI or CT scan was requested before referral, please indicate result and attach copies of report(s) if available.

PATIENT MEDICAL HISTORY

Existing conditions & risk factors (inc smoking status):
 Current smoker Referred to stop-smoking service

Current medication (attach list and indications):
 Allergies Y
 Anticoagulants/Antiplatelets Y
 Immunosuppressants Y
 Diabetic Y

WHO Patient Performance status (see reverse for key)
 0 1 2 3 4

ADDITIONAL INFORMATION

DISCUSSIONS WITH PATIENT PRIOR TO REFERRAL

Cancer needs to be excluded
 Patient given referral information leaflet
 Date(s) unavailable in next 14 days: _____

PLEASE ATTACH A PATIENT SUMMARY INCLUDING: REFERRAL LETTER, INVESTIGATION RESULTS, PMH, CURRENT MEDICATIONS LIST AND INDICATIONS

If your patient does not meet NICE suspected cancer referral criteria, but you feel they warrant further investigation, please disclose full details in your referral letter.

If you have not received acknowledgement within 48 hours (Mon-Fri) contact 2ww supervisor on 01438 285206

WHO PATIENT PERFORMANCE STATUS KEY

0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out light/sedentary work, e.g. house or office work.
2	Ambulatory and capable of self-care, but unable to carry out work activities. Up and active > 50% of waking hours.
3	Capable of only limited self-care. Confined to bed or chair >50% of waking hours.
4	Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair.

FOR HOSPITAL USE ONLY

Date referral received:	__/__/____	If 1 st appointment date not accepted, give reason/s:
1 st appointment date offered:	__/__/____	
2 nd appointment date offered:	__/__/____	

2005 NICE Guidance

Signs or symptoms that may cause concern:

- progressive neurological deficit;
- headaches;
- Headaches of recent onset accompanied by features suggestive of raised intracranial pressure:
 - vomiting;
 - posture-related headache;
 - other focal or non-focal neurological symptoms, such as blackout or change in personality or memory.
- new-onset seizures;
- mental changes;
- cranial nerve palsy;
- drowsiness;
- pulse-synchronous tinnitus; or

Consider immediate referral – first calling the consultant – with patients with rapid progression of:

- sub-acute focal neurological deficit;
- unexplained cognitive impairment,
- behavioural disturbance or slowness (or a combination of these); or
- personality changes confirmed by a witness and for which there is no reasonable explanation even in the absence of the other symptoms or signs of a brain tumour.

A 'normal' scan

- A normal investigation does not preclude the need for ongoing follow up, monitoring and further investigation. A seemingly 'normal' MRI may give false reassurance in pts who have neurological pathology that MRI is unable to detect.
- Approximately 10% of patients may be unsuitable for, or unable to tolerate an MRI brain scan, e.g. patients with pacemakers in-situ or those with severe claustrophobia. In these patients a CT scan may be more appropriate.

Incidental findings

A small percentage of MRI scans may yield abnormalities in otherwise healthy individuals. This may impact on these patients in a number of ways including further investigation and the potential impact on health insurance premiums. As incidental findings are not an infrequent result of MRI scanning, patients should have prior counselling and information to make them aware of the potential for such findings as a consequence of their investigation. (*Macmillan Rapid Referral Guidelines, 2015*)