NOTE: This form is NOT for patients < 16 years

East and North Hertfordshire NHS
NHS Trust

HAEMATOLOGY 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

PATIENT DETAILS – Must provide current telephone number

Last name: First name:

Gender: M ☐ F ☐ DOB:

NHS No:

Address:

Tel (mobile/daytime):

Tel (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 ☐

SYMPTOMS & CLINICAL EXAMINATIONS

☐ Leukaemia ☐ Lymphoma (HD or NHL) ☐ Myeloma

Teen & Young Adult (16 – 24 yrs) ***SEND FORM SO PT TRACKED***

☐ Hepatosplenomegaly	**– IMMEDIATE ASSESSMENT**
☐ Petechiae **[2015]**	**– IMMEDIATE ASSESSMENT**
☐ Lymphadenopathy	**– Call consultant**
☐ Splenomegaly	**– Call consultant**

Adults (≥25 yrs)

☐ Lymphadenopathy **– FBC & CXR**

STOP: *FBC suggests no lymphocytosis, follow local lymph node pathway*

☐ Splenomegaly **– FBC & CXR**

If results of any of the following tests suggest myeloma: – 2WW

☐ Serum Free Light Chain (SLFC) ☐ FBC ☐ U+E

☐ Protein electrophoresis* ☐ LFT Bone profile

*If paraprotein <15mg with no symptoms/abnormalities, discuss with consultant

☐ Other primary cancer (specify):

Spinal cord compression/renal failure: refer medical emergency

ADDITIONAL INFORMATION

GP DETAILS

GP name:

Practice Code:

Address:

TEL:

FAX:

Practice email:

Practice's direct access telephone/GP mobile – for use by Consultants only:

INVESTIGATIONS IN SUPPORT OF REFERRAL **MANDATORY**

ALL HAEM CANCERS: ☐ FBC ☐ Renal function/U+E

Lymphoma: ☐ Chest X-ray

Myeloma: ☐ Serum Free Light Chain (SFLC)

☐ LFT Bone profile ☐ Protein electrophoresis*

*If paraprotein <15mg with no symptoms/abnormalities, discuss with consultant

* If blood film/FBC indicates Leukaemia, bleep on-call Haem consultant directly. Send form so patient tracked*

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 key below)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

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 school 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 1st appointment date not accepted, give reason/s:
1st appointment date offered:	_ _/_ _/_ _ _ _	
2nd appointment date offered:	_ _/_ _/_ _ _ _	