East and North Hertfordshire NHS
NHS Trust

NOTE: This form is NOT for patients aged <16 years

LIVER/PANCREAS/GALLBLADDER (HEPATOPANCREATOBILIARY - HPB) SUSPECTED CANCER REFERRAL FORM

Date of GP decision to refer: Click here to enter a date. No. of pages sent:

PATIENT DETAILS - Must provide current telephone no.	**GP DETAILS**
Last name: First name: Gender: M ☐ F ☐ DOB: NHS No: Address: Tel (mobile/day): 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 ☐	GP name: Practice Code: Address: TEL: FAX: Practice email: Practice's direct access telephone/GP mobile – for use by Consultant only: **DISCUSSIONS WITH PATIENT PRIOR TO REFERRAL** Cancer needs to be excluded ☐ Patient given referral information leaflet ☐ Is patient willing & able to undergo endoscopic diagnostic tests? ☐ Date(s) unavailable next 14 days: **WHO Patient Performance status: see key below (MANDATORY)** ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

PANCREAS *NICE guidance and referral criteria*

NICE guidance states:

- **Refer people on a 2ww pathway if they are aged 40 and over and have jaundice**
- **Order urgent CT scan (to be performed within 2 weeks) or urgent ultrasound if CT not available for people aged ≥60 with weight loss and any of the following: diarrhoea, back pain, abdominal pain, nausea, vomiting, constipation, new-onset diabetes.**

☐	≥40 yrs WITH jaundice [2015]	☐	Abnormal CT/ultrasound scan suggests pancreatic cancer (please attach report)

LIVER/GALLBLADDER *NICE guidance and referral criteria*

NICE guidance states:

- **Order urgent ultrasound scan (to be performed within 2 weeks) to assess for liver/gallbladder cancer in people with an upper abdominal mass consistent with an enlarged liver/gallbladder.**

☐	Abnormal ultrasound consistent with cancer of the liver/gallbladder (please attach report)

INVESTIGATIONS IN SUPPORT OF REFERRAL *Most patients will go straight to diagnostics. Please include:*

☐	Hb	☐	Platelets	☐	Ferritin	☐	Renal function inc. Urea & Creat
Jaundice LFT:		☐	Bilirubin	☐	Alt	☐	Alk Phos

SYMPTOMS

☐	Jaundice	☐	Dyspepsia	☐	Vomiting	☐	Nausea	☐	Back Pain
☐	Diarrhoea	☐	Constipation	☐	Weight Loss	☐	Abdominal Pain	☐	New onset diabetes

COMORBIDITY

☐	Significant Cardiac Disease	☐	Diabetes	☐	Allergies
☐	Significant Respiratory Disease	☐	Warfarin or other Anticoagulants/Antiplatelets	☐	Patient is **NOT** fit for endoscopy
☐	Significant Neurological Disease	☐	Aspirin / NSAID		
☐	Significant Liver Disease	☐	Immunosuppressants		

ADDITIONAL INFORMATION/RISK FACTORS

CURRENT MEDICATION & SMOKING STATUS

☐ Patient is currently a smoker ☐ Patient referred to stop-smoking service

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

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

If your patient does not meet NICE suspected cancer referral criteria, but you feel they warrant referral for suspected cancer, please either phone the Consultant Gastroenterologist or disclose full details in your referral letter and provide a mobile number where a Consultant Gastroenterologist can reach you directly.

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