

**MALIGNANT MELANOMA & SCC 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](mailto:twowwgpreferrals.enh-tr@nhs.net)

PATIENT DETAILS – <u>Must</u> provide current telephone number.	GP DETAILS												
Last name: _____ First name: _____ Gender: M <input type="checkbox"/> F <input type="checkbox"/> DOB: _____ NHS No: _____ Address: _____  Tel (mobile/daytime): _____ Tel (evening): _____ Patient agrees to telephone message being left? Y <input type="checkbox"/> N <input type="checkbox"/> Email: _____  Interpreter required? Y <input type="checkbox"/> Language/Hearing: _____ Learning difficulties? Y <input type="checkbox"/> Mental capacity assessment required? Y <input type="checkbox"/> Known safeguarding concerns? Y <input type="checkbox"/> Mobility requirements (unable climb on/off bed)? Y <input type="checkbox"/>	GP name: _____ Practice Code: _____ Address: _____  TEL: _____ FAX: _____ Practice email: _____												
<b>Basal cell carcinoma: Routine referral unless particular concern that delay may have significant impact because of site/size [2015]</b>	Practice's direct access telephone/GP mobile – for use by Consultant only:												
<b>SYMPTOMS &amp; CLINICAL EXAMINATIONS</b>	<b>INVESTIGATIONS IN SUPPORT OF REFERRAL</b>												
<b>MALIGNANT MELANOMA</b>	Location of lesion: _____  Duration of lesion: _____  Size of lesion (mm): _____												
<input type="checkbox"/> Dermoscopy suggests melanoma of the skin [2015]	<b>PATIENT MEDICAL HISTORY</b>												
<input type="checkbox"/> Pigmented or non-pigmented skin lesion that suggests nodular melanoma [2015]	<i>Existing conditions (inc. smoking status):</i> <input type="checkbox"/> Current smoker <input type="checkbox"/> Referred to stop-smoking service												
<input type="checkbox"/> Suspicious pigmented skin lesion with checklist score $\geq 3$ (see below) [2015]	<i>Risk factors:</i> <input type="checkbox"/> Prolonged UV exposure <input type="checkbox"/> Family history <input type="checkbox"/> Multiple/atypical naevi <input type="checkbox"/> Fair skin/poor tanning <input type="checkbox"/> Immunosuppression and new/growing lesion												
<table border="0"> <thead> <tr> <th data-bbox="51 1339 399 1373"><i>Major features</i></th> <th data-bbox="399 1339 836 1373"><i>Minor features</i></th> </tr> <tr> <td data-bbox="51 1373 399 1406"><i>(scoring 2 points each):</i></td> <td data-bbox="399 1373 836 1406"><i>(scoring 1 point each):</i></td> </tr> </thead> <tbody> <tr> <td data-bbox="51 1406 399 1440"><input type="checkbox"/> change in size</td> <td data-bbox="399 1406 836 1440"><input type="checkbox"/> largest diameter 7 mm or more</td> </tr> <tr> <td data-bbox="51 1440 399 1473"><input type="checkbox"/> irregular shape</td> <td data-bbox="399 1440 836 1473"><input type="checkbox"/> inflammation</td> </tr> <tr> <td data-bbox="51 1473 399 1507"><input type="checkbox"/> irregular colour</td> <td data-bbox="399 1473 836 1507"><input type="checkbox"/> oozing</td> </tr> <tr> <td></td> <td data-bbox="399 1507 836 1541"><input type="checkbox"/> change in sensation</td> </tr> </tbody> </table>	<i>Major features</i>	<i>Minor features</i>	<i>(scoring 2 points each):</i>	<i>(scoring 1 point each):</i>	<input type="checkbox"/> change in size	<input type="checkbox"/> largest diameter 7 mm or more	<input type="checkbox"/> irregular shape	<input type="checkbox"/> inflammation	<input type="checkbox"/> irregular colour	<input type="checkbox"/> oozing		<input type="checkbox"/> change in sensation	<i>Current medication (attach list &amp; indications):</i> Allergies <span style="float: right;">Y <input type="checkbox"/></span> Anticoagulants/Antiplatelets <span style="float: right;">Y <input type="checkbox"/></span> Immunosuppressants <span style="float: right;">Y <input type="checkbox"/></span> Diabetic <span style="float: right;">Y <input type="checkbox"/></span>
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	<input type="checkbox"/> change in sensation												
<b>TOTAL SCORE:</b>	<i>WHO Patient Performance status (see key below)</i> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4												
<b>SQUAMOUS CELL CARCINOMA (SCC)</b>	<b>ADDITIONAL INFORMATION</b>												
<input type="checkbox"/> Skin lesion raises suspicion of squamous cell carcinoma [2015]	          												
Details: <input type="checkbox"/> Non healing/expanding lesion with: <input type="checkbox"/> Crusting <input type="checkbox"/> Induration <input type="checkbox"/> Ulceration													
<input type="checkbox"/> Slow growing lesion <1cm													
<input type="checkbox"/> Immuno-suppressed or renal transplant patient with new or enlarging lesion													
<b>DISCUSSIONS WITH PATIENT PRIOR TO REFERRAL</b>	Cancer needs to be excluded <span style="float: right;"><input type="checkbox"/></span> Patient given referral information leaflet <span style="float: right;"><input type="checkbox"/></span> 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

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

## FOR HOSPITAL USE ONLY

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