

HEAD & NECK SUSPECTED CANCER REFERRAL FORM**Date of GP decision to refer:** [Click here to enter a date.](#)EMAIL REFERRAL TO: twowwgpreferrals.enh-tr@nhs.net**PATIENT DETAILS – Must provide current telephone number**

Last name: _____ First name: _____
 Gender: _____ 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

SYMPTOMS & EXAMINATIONS*Area suspected*

Oral cavity Larynx Pharynx
 Nasal cavity Thyroid Other

- A red or red-and-white patch in oral cavity consistent with erythroplakia or erythroleukoplakia **[2015]**
- Lump on lip or in oral cavity unrelated to dental cause
- Persistent ulceration in oral cavity lasting > 3 weeks
- IF ≥ 45 yrs WITH persistent unexplained hoarseness **AND negative CXR**
- Persistent lump in neck
- Orbital mass Please specify: Left Right
- Unexplained thyroid lump **[2015]**

****Signs of superior vena cava obstruction (SVCO) or stridor: refer as a medical emergency****

ADDITIONAL INFORMATION**GP DETAILS**

GP/Dentist name: _____
 Practice Code: _____
 Address: _____

TEL: _____
 FAX: _____
 Practice email: _____

Practice's direct access telephone/GP/Dentist mobile – for Consultant use only: _____

INVESTIGATIONS IN SUPPORT OF REFERRAL

You don't need to wait for results of tests to refer (with the exception of CXR for hoarseness).

Neck lump FBC ESR Glandular fever screen
Thyroid TFT Thyroid antibodies Ultrasound
Hoarseness Chest X-ray – **RESULTS MUST BE ATTACHED**
Please attach copies of results to completed referral form

PATIENT MEDICAL HISTORY*Risk factors*

Current smoker Referred to stop-smoking service
 Ex-smoker Poor diet
 Alcohol Aged > 45 years

*Existing conditions:**Current medication (attach list and indications):*

Allergies Y
 Anticoagulants/Antiplatelets Y
 Immunosuppressants Y
 Diabetic Y

WHO Patient Performance status (see below for key)

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 & 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:	__/__/____	