Non Site-Specific Pathway (NSSP) Referral Form

**Please send all referrals via e-RS**

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| **To make a referral complete ALL areas of this form.** | | | | | | | | |
| **Patient Details** | | | | | | **GP Details** | | |
| Forename:  <Patient Name> | | Surname:  <Patient Name> | | | | Referring GP:  <Sender Name> | | |
| Address: <Patient Address>  Postcode: <Patient Address> | | | | | | Address: <Patient Address>  Postcode: <Patient Address> | | |
| Tel No (Home): <Patient Contact Details> | | | | | | Direct dial telephone number: <Sender Details> | | |
| Tel No (Mobile):<Patient Contact Details> | | | | | | GP Mobile Number: | | |
| Tel No (Work): <Patient Contact Details> | | | | | | Email: <Organisation Details> | | |
| Hospital No: | | | | | | **Patient background** | | |
| NHS No: <NHS number> | | | | | | Hearing impairment:  Y  N | | |
| Gender: <Gender> | | | | | | Learning difficulties?  Y  N | | |
| Ethnicity: <Ethnicity> | | | | | |
| DOB: <Date of Birth> | | | | Age: <Patient Age> | | Known safeguarding concerns?  Y  N | | |
| Patient agrees to contact by Psychology service | | | | | | Interpreter required:  Y  N | | |
| Y |  | | | N |  | Language: <Main spoken language> | | |
| **Weight Loss** | | | Amount: | | | Duration: | | Current Weight: <Numerics> |
| **Is the patient aware they are being referred to rule out cancer diagnosis?**  **If ‘No’ Please specify why?** | | | | | | **YES** | **NO** | **If ‘No’ Please indicate why?** |
| **Information given to the patient about this referral?** | | | | | | **Verbal** | **Leaflet** | **Other** |
| * **Referral Criteria: Please ensure** **that patient is aware they are being referred to NSSP clinic to rule out cancer diagnosis and must be available in the next 2 weeks, and the patient can be contacted by phone.** | | | | | | | | |
| * New unexplained and unintentional weight loss (either documented >5% in three months or with strong clinical suspicion) * New unexplained constitutional symptoms of four weeks or more (less if very significant concern). Symptoms include loss of appetite, fatigue, nausea, malaise, bloating * New unexplained vague abdominal pain of four weeks or more (less if very significant concern) * New unexplained, unexpected or progressive pain, including bone pain, back pain of four weeks or more * New onset or unexplained worsening of breathlessness (please take steps to rule out undiagnosed heart failure, IHD, thrombo-embolic disease, COPD and infection – but note that previously diagnosed IHD/heart failure/COPD do not preclude referral) * New Unexplained lumps and bumps * Abnormal radiology suggesting cancer; not needing admission and not suitable for existing urgent cancer referral or cancer of unknown primary pathway * Persistently abnormal laboratory tests (tested on at least two occasions) which are not readily explicable including:   Significantly elevated alkaline phosphatase (more than twice the upper limit of normal) Raised CRP (or ESR/ plasma viscosity), Increased calcium.   * Significant GP concern regarding a possible cancer diagnosis, where there is no clear urgent referral pathway for example, unexplained DVT, paraneoplastic syndromes, etc and reasons to be clearly described at referral. * GP ‘gut feeling’ of cancer diagnosis (please explain why)   **Please do not refer to NSSP for the followings:**   * Patient has specific alarm symptoms warranting referral onto a single site-specific pathway (in line with NG12) * Patient is too unwell or unable to attend as an outpatient or needs acute admission * Patient is more likely to have a non-cancer diagnosis suitable for another specialist pathway * Patient is currently being investigated for the same problem by another specialist team * If the patient does not understand or is unlikely to benefit from the further investigation due to cognitive impairment | | | | | | | | |

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| **Why are you referring this patient?** |
| <Event Details> |

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| **Examination** | | | | | | | | | |
|  | | | | | | | | | |
| **Chest X-ray must be completed prior to referral – give details below** | | | | | | | | | |
| Date of Chest X-ray: | | | | | Where performed: | | | | |
| **Investigations: (Helpful if performed but not necessary to await results). Please tick** | | | | | | | | | |
| FBC | | |  | | U&Es, LFT | | |  | |
| ESR | | |  | | CRP | | |  | |
| Bone Profile | | |  | | PSA | | |  | |
| Serum protein | | |  | | CA125 | | |  | |
| HbA1c | | |  | | CEA | | |  | |
| Clotting Screen | | |  | | Haematinics (if anaemic ) | | |  | |
| Any other blood tests (specify) | | |  | | TFTs | | |  | |
| Urine | | |  | | Electrophoresis | | |  | |
| FIT | | |  | | Any Other Radiology Test | | |  | |
| **Past clinical history** | | | | | | | | | |
| Please include any previous cancer diagnosis if any    <Problems>  <Summary> | | | | | | | | | |
| **Social History** | | | | | | | | | |
| Please include smoking history  <Diagnoses>, <Numerics> | | | | | | | | | |
| **Current medication and allergies: (Attach printout)** | | | | | | | | | |
| Acutes: <Medication>  Repeats: <Repeat templates>  Allergies:  <Allergies & Sensitivities> | | | | | | | | | |
| Attachments: | Letter: |  | | Medication List: | |  | Other: | |  |

**Blood Results** (Last 2m):

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| --- | --- | --- | --- | --- | --- |
| **FBC** | <Numerics> | Hb <Numerics>, WCC <Numerics>, Plts <Numerics>, MCV <Numerics>, Neut <Numerics> | | | |
| **UE** | <Numerics> | Na <Numerics>, K <Numerics>, Urea <Numerics>, Creat <Numerics>, eGFR <Numerics> | | | |
| **LFT** | <Numerics> | ALT <Numerics>, Alk Phos <Numerics>, Bili <Numerics>, Alb <Numerics>, GGT <Numerics>, Serum globulin <Numerics>, Total Protein <Numerics> | | | |
| **CRP** | <Numerics> | <Numerics> | | **ESR** | <Numerics> |
| **TFTs** | <Numerics> | TSH <Numerics>, Free T4 <Numerics> | | **INR** | <Numerics> |
| **Bone** | <Numerics> | Ca <Numerics>, Ca cor <Numerics>, Ca adj <Numerics>, Phos <Numerics> | | | |
| **Iron** | <Numerics> | Ferritin <Numerics>, Iron Saturation <Numerics>, TIBC <Numerics> | | | |
| **Vitamins** | <Numerics> | B12 <Numerics>, Folate <Numerics> | | | |
| **Lipids** | <Numerics> | Chol <Numerics>, LDL <Numerics>, HDL <Numerics>,Chol:HDL ratio <Numerics>, Tri <Numerics> | | | |
| **Random Glucose** | | <Numerics> | | **Fasting Chol.** | <Numerics> |
| **Fasting Glucose** | | <Numerics> | | **HbA1c** | <Numerics> |
| **CA 125** | | | <Numerics> | | |
| **PSA** | | | <Numerics> | | |
| **FIT Result** | | | <Numerics> | | |

**Radiology:** (In last 6 months)

<Arden's Ltd - Investigations: Radiology last 6m (view)>

**Non-Site Specific Pathway Specialist Nurse**

If you have any concerns, please telephone the Non-Site Specific Pathway Specialist Nurse to discuss your patient:

Telephone: 01438288485 or 07826944317

Email: [enh-tr.nssp-md@nhs.net](mailto:enh-tr.nssp-md@nhs.net)