|  |
| --- |
| **HEAD & NECK SUSPECTED CANCER REFERRAL FORM** |
| **Date of GP decision to refer:** <Today's date> |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT DETAILS** –**Must provide current telephone number** | | | | | | | | | |  | **GP DETAILS** | | | | | | | | | |
| Last name: <Patient Name> | | | | | | First name: <Patient Name> | | | | GP name: <Sender Name> | | | | | | | | | |
| Gender: <Gender> | | | | | | DOB: <Date of birth> | | | | Practice Code: <Organisation Details> | | | | | | | | | |
| NHS No: <NHS number> | | | | | | | | | | Address: <Organisation Address> | | | | | | | | | |
| Address: <Patient Address> | | | | | | | | | |
| Tel: <Organisation Details> | | | | | | | | | |
|  | | | | | | | | | |
| Telephone (Day): <Patient Contact Details> | | | | | | | | | | Practice email: | | | | | | | | | |
| Telephone (Evening): <Patient Contact Details> | | | | | | | | | | Practice’s direct access telephone/GP/Dentist mobile – for Consultant use only: | | | | | | | | | |
| Mobile No.: <Patient Contact Details> | | | | | | | | | | **MANDATORY INVESTIGATIONS IN SUPPORT OF REFERRAL**  *Do not wait for results of tests to refer.* | | | | | | | | | |
| Patient agrees to telephone message being left? | | | | | | | | | Y N |
| Transport required? | | | | | | | | | Y | **Neck lump** |  | FBC |  | ESR |  | Glandular fever screen | | | |
| Email: <Patient Contact Details> | | | | | | | | | Y | **Thyroid** |  | TFT |  | Thyroid Antibodies | | |  | Ultrasound | |
| Interpreter required? | | | Y | | Language/Hearing: | | | | | **Hoarseness** |  | Chest X-ray **Date of x-ray:** | | | | | | | |
| Learning difficulties? | | | Y | |  | | | | | ***Please attach copies of results to completed referral form*** | | | | | | | | | |
| Mental capacity assessment required? | | | | | | | | | Y | **PATIENT MEDICAL HISTORY** | | | | | | | | | |
| Known safeguarding concerns? | | | | | | | | | Y | *Risk factors* | | | | | | | | | |
| Mobility requirements (unable climb on/off bed)? | | | | | | | | | Y | Current smoker  Referred to stop-smoking service  Ex-smoker  Poor diet  Alcohol  Aged > 45 years | | | | | | | | | |
| **SYMPTOMS & CLINICAL EXAMINATIONS** | | | | | | | | | |
| *Area suspected:* | | | | | | | | | |
|  | Oral cavity |  | | Larynx | | |  | Pharynx | | *Existing conditions:* | | | | | | | | | |
|  | Nasal cavity |  | | Thyroid | | |  | Other | | (Please see patient summary attached) | | | | | | | | | |
|  | 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 | | | | | | | | |
|  | Persistent unexplained hoarseness | | | | | | | | |
| *Current medication:* | | | | | | | | | |
|  | Persistent lump in neck | | | | | | | | | Allergies | | | | | | | | | Y |
|  | Orbital mass Please specify:  Left  Right | | | | | | | | | Anticoagulants/Antiplatelets | | | | | | | | | Y |
|  | Unexplained thyroid lump **[2015]** | | | | | | | | | Immunosuppressants | | | | | | | | | Y |
| **\*\*Signs of superior vena cava obstruction (SVCO) or stridor: refer as a medical emergency\*\*** | | | | | | | | | | Diabetic | | | | | | | | | Y |
| WHO Patient Performance status (see reverse for key) | | | | | | | | | |
| **ADDITIONAL INFORMATION** | | | | | | | | | | 0  1  2  3  4 | | | | | | | | | |
|  | | | | | | | | | | **DISCUSSIONS WITH PATIENT PRIOR TO REFERRAL** | | | | | | | | | |
| Cancer needs to be excluded | | | | | | | | | Y |
| Patient given referral information leaflet | | | | | | | | | Y |
| Date(s) unavailable next 14 days: | | | | | | | | | |

**PLEASE COMPLETE ADDITIONAL INFORMATION (ABOVE) OR ATTACH REFERRAL LETTER. PLEASE INCLUDE INVESTIGATION RESULTS, PMH, CURRENT MEDICATIONS LIST & INDICATIONS**

**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. |

|  |  |  |
| --- | --- | --- |
| Date referral received: | \_ \_ /\_ \_ /\_ \_ \_ \_ | If 1st appointment date not accepted, give reason/s: |
| 1st appointment date offered: | \_ \_ /\_ \_ /\_ \_ \_ \_ |
| 2nd appointment date offered: | \_ \_ /\_ \_ /\_ \_ \_ \_ |

**FOR HOSPITAL USE ONLY**

**Patient summary**

|  |  |
| --- | --- |
| **Reason for Referral:**    <Event Details> | |
| **Medical Problems:**    <Problems>  <Summary> | |
| **Medication:** Acutes | <Medication> |
| Repeats | <Repeat templates> |
| **Allergies:** <Allergies & Sensitivities> | |

**Minimum Dataset:** (recordings in last 6months)

|  |  |  |  |
| --- | --- | --- | --- |
| **Blood Pressure** | <Latest BP>, <Numerics> | | |
| **Heart rate** | <Numerics>, <Diagnoses> | | |
| **Height** | <Numerics> | **Smoking Status** | <Diagnoses>, <Numerics> |
| **Weight** | <Numerics> | **Alcohol Intake** | <Diagnoses>, <Numerics> |
| **BMI** | <Numerics> | **Exercise tolerance:** | <Diagnoses><Diagnoses> |

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

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

**Blood Results (***Last 12m***):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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> | | |
| **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> |