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| --- |
| **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> |