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| **LIVER/PANCREAS/GALLBLADDER (HEPATOPANCREATOBILIARY - HPB)****SUSPECTED CANCER REFERRAL FORM** |

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| **Date of GP decision to refer:** <Today's date>  |
| **PATIENT DETAILS - Must provide telephone no.** | **GP DETAILS** |
| Surname: <Patient Name> First name: <Patient Name> | GP name: <Sender Name> |
| Gender: <Gender> DOB: <Date of birth>  | Practice Code: <Organisation Details> |
| NHS No:<NHS number> | Practice Name: <Organisation Details> |
| Address: <Patient Address> | Address: <Organisation Address> |
| TEL: <Organisation Details> |
| Tel (mobile/day):<Patient Contact Details> |  |
| Tel (evening): <Patient Contact Details> | Practice email:       |
|  | Practice’s direct access telephone/GP mobile – for use by Consultant only:        |
| Patient agrees to telephone message being left?Y [ ]  N [ ]  |
| Email:<Patient Contact Details> | **DISCUSSIONS WITH PATIENT PRIOR TO PREFERRAL** |
|  | Cancer needs to be excluded  | [ ]  |
| Interpreter required? Y [ ]  Language/Hearing:        | Patient given referral information leaflet | [ ]  |
| Is patient willing & able to undergo endoscopic diagnostics tests? | [ ]  |
| Learning difficulties? Y [ ]  |
| Mental capacity assessment required? Y [ ]  | Date(s) unavailable next 14 days: |
| Known safeguarding concerns? Y [ ]  |       |
| Mobility requirements (unable climb on/off bed)? Y [ ]  | **WHO Patient Performance status: see key below (MANDATORY)** |
|  |
|  | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 |

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| **PANCREAS** *NICE guidance and referral criteria* |
| **NICE guidance states:** * **Refer people on a 2ww pathway if they are aged 40 and over and have jaundice**
* **Order urgent CT scan (to be performed within 2 weeks) or urgent ultrasound if CT not available for people aged** ≥**60 with weight loss and any of the following: diarrhoea, back pain, abdominal pain, nausea, vomiting, constipation, new-onset diabetes.**
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| [ ]  | ≥40 yrs WITH jaundice [2015]  | [ ]  | Abnormal CT/ultrasound scan suggests pancreatic cancer (please attach report) |

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| **LIVER/GALLBLADDER** *NICE guidance and referral criteria* |
| **NICE guidance states:** * **Order urgent ultrasound scan (to be performed within 2 weeks) to assess for liver/gallbladder cancer in people with an upper abdominal mass consistent with an enlarged liver/gallbladder.**
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| [ ]  | Abnormal ultrasound consistent with cancer of the liver/gallbladder (please attach report) |

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| **INVESTIGATIONS IN SUPPORT OF REFERRAL** *Most patients will go straight to diagnostics. Please include:* |
| [ ]  | Hb | [ ]  | Platelets | [ ]  | Ferritin | [ ]  | Renal function inc. Urea & Creat  |
| **Jaundice LFT:**  | [ ]  | Bilirubin | [ ]  | Alt | [ ]  | Alk Phos |
| **SYMPTOMS** |
| [ ]  | Jaundice | [ ]  | Dyspepsia | [ ]  | Vomiting  | [ ]  | Nausea | [ ]  | Back Pain |
| [ ]  | Diarrhoea | [ ]  | Constipation | [ ]  | Weight Loss  | [ ]  | Abdominal Pain  | [ ]  | New onset diabetes |
| **COMORBIDITY**  |
| [ ]  | Significant Cardiac Disease | [ ]  | Diabetes | [ ]  | Allergies |
| [ ]  | Significant Respiratory Disease | [ ]  | Warfarin or other Anticoagulants/Antiplatelets | [ ]  | Patient is **NOT** fit for endoscopy |
| [ ]  | Significant Neurological Disease | [ ]  | Aspirin / NSAID | [ ]  |  |
| [ ]  | Significant Liver Disease | [ ]  | Immunosuppressants | [ ]  |  |
| **ADDITIONAL INFORMATION/RISK FACTORS** |
|      <Event Details> |
| **CURRENT MEDICATION & SMOKING STATUS** |
| Acutes | <Medication> |
| Repeats | <Repeat templates> |
|  |
| [ ]  Patient is currently a smoker [ ]  Patient referred to stop-smoking service |

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

**WHO PATIENT PERFORMANCE KEY**

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| **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/ 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**

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

**Patient Summary**

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| **MEDICAL PROBLEMS** |
| <Problems><Summary> |
| **ALLERGIES**  |
| <Allergies & Sensitivities>  |
| **ADDITIONAL DATA** |
| Blood Pressure | <Latest BP>, Heart rate <Numerics>, <Diagnoses> |
| Weight | <Numerics>, Height <Numerics>, BMI <Numerics> |
| Smoking Status  | <Diagnoses> |
| Alcohol Intake | <Diagnoses>, <Numerics> |
| Carer Status | <Diagnoses> |

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

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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> |