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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)** | |
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|  | 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.** | | | |
|  | ≥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.** | |
|  | 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> |