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| **OESOPHAGO-GASTROINTESTINAL SUSPECTED CANCER REFERRAL FORM** |



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| **Date of GP decision to refer:** <Today's date> |

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| **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> | | | | **DISCUSSIONS WITH PATIENT PRIOR TO REFERRAL** | |
| Patient agrees to telephone message being left? | | | Y N | Cancer needs to be excluded |  |
| Transport required? | | | Y | Patient given referral information leaflet |  |
| Email: <Patient Contact Details> | | | Y | Is patient willing & able to undergo endoscopic diagnostic tests? |  |
| Interpreter required? | Y | Language/Hearing: | | Date(s) unavailable in next 14 days: | |
| Learning difficulties? | Y |  | |  | |
| Mental capacity assessment required? | | | Y | **WHO Patient Performance status: see key below (MANDATORY)** | |
| Known safeguarding concerns? | | | Y | 0  1 2 3 4 | |
| Mobility requirements (unable climb on/off bed)? | | | Y |

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| **CRITERIA FOR URGENT SUSPECTED CANCER REFERRAL** | | | | | | | | | | | | | | | | | | | | |
|  | Age ≥55 with dysphagia  **NB if <55 with dysphagia please contact consultant gastroenterologist to discuss before referral**  **OR** | | | | | | | | | | | | | | | | | | | |
|  | Age ≥55 with weight loss and any of the following: | | | | | | | | | | | | | | | | | | | |
|  |  | | Upper abdominal pain | | | | | | |  | | Reflux | | |  | | | | | Dyspepsia |
|  | Upper abdominal mass consistent with stomach cancer **[2015]** | | | | | | | | | | | | | | | | | | | |
| **SYMPTOMS** | | | | | | | | | | | | | | | | | | | | |
|  | Reflux | | |  | | Dyspepsia | | | | |  | | Vomiting | | |  | | | Nausea | |
|  | Back pain | | |  | | Haematemesis | | | | |  | | Weight Loss | | |  | | | Upper Abdominal Pain | |
|  | Iron Deficient Anaemia (please confirm with Serum Ferritin) **HB:** <Numerics> | | | | | | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | | | | | | | | |
|  | Previous Gastric Surgery | | | | | | |  | Barrett’s Oesophagus | | | | |  | | | | Known Dysplasia | | |
|  | Atrophic Gastritis | | | | | | |  | Pernicious Anaemia | | | | |  | | | | Family History of Gastric Cancer | | |
|  | Suspicious imaging (please attach report) | | | | | | | | | | | | | | | | | | | |
| **ADDITIONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| <Event Details> | | | | | | | | | | | | | | | | | | | | |
| **CURRENT MEDICATION & SMOKING STATUS** | | | | | | | | | | | | | | | | | | | | |
| Patient is currently a smoker Patient referred to stop-smoking service | | | | | | | | | | | | | | | | | | | | |
| Acutes | | <Medication> | | | | | | | | | | | | | | | | | | |
| Repeats | | <Repeat templates> | | | | | | | | | | | | | | | | | | |

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

**WHO PATIENT PERFORMANCE 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/ 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> |

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

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| --- | --- | --- | --- |
| **Blood Pressure** | <Latest BP>, <Numerics> | | |
| **Heart rate** | <Numerics>, <Diagnoses> | | |
| **Height** | <Numerics> | **Alcohol Intake** | <Diagnoses>, <Numerics> |
| **Weight** | <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> |