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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**

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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> |

**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):**

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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> |
| **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> |