|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: <Sender Details>, <Sender Address> | | |
| Address: <Patient Address> | | | | | | |
| Tel: <Sender Details> | | |
| Telephone (Day): <Patient Contact Details> | | | | | | |  | | |
| Telephone (Evening): <Patient Contact Details> | | | | | | | Practice email: <Organisation Details> | | |
| Mobile No.: <Patient Contact Details> | | | | | | | Practice’s direct access telephone/GP mobile – for use by Consultant only: | | |
|  | | | | | | | **INVESTIGATIONS IN SUPPORT OF REFERRAL** | | |
| Patient agrees to telephone message being left. | | | | | | Y  N | Location of lesion: | | |
| Transport required? | | | | | | Y  N |
| Email: | | | | | | Y  N | Duration of lesion: | | |
| Interpreter required? | | Y  N | | Language/Hearing: <Main spoken language>, <Diagnoses> <Diagnoses> <Diagnoses> | | |
| Learning difficulties? | | Y  N | |  | | | Size of lesion (mm): | | |
| Mental capacity assessment required? | | | | | | Y  N | **PATIENT MEDICAL HISTORY (MANDATORY)** | | |
| Known safeguarding concerns? | | | | | | Y  N | *Existing conditions (inc. smoking status):* | | |
| Mobility requirements (unable climb on/off bed)? | | | | | | *Y  N* | ***(See below)*** | | |
| **Basal cell carcinoma: Routine referral unless particular concern that delay may have significant impact because of site/size [2015]** | | | | | | |
| **SYMPTOMS & CLINICAL EXAMINATIONS** | | | | | | | *Risk factors:* | | |
| **MALIGNANT MELANOMA** | | | | | | | Prolonged UV exposure | Family history | |
|  | Dermoscopy suggests melanoma of the skin **[2015]** | | | | | |  |  | |
|  | Pigmented or non-pigmented skin lesion that suggests nodular melanoma **[2015]** | | | | | | Multiple/atypical naevi | Fair skin/poor tanning | |
| Immunosuppression and new/growing lesion | | |
|  | A suspicious pigmented skin lesion with a weighted 7-point checklist score of 3 or more | | | | | |  | | |
| *Major features (scoring 2 points each):* | | | *Minor features (scoring 1 point each):* | | | | *Current medication* (attach list & indications)*:*  ***(See below)*** | | |
| change in size | | | largest diameter 7 mm or more | | | | Allergies  ***(See below)*** | | Y  N |
| irregular shape | | | inflammation | | | | Anticoagulants/Antiplatelets | | Y  N |
| irregular colour | | | oozing | | | | Immunosuppressants | | Y  N |
|  | | | change in sensation | | | | Diabetic | | Y  N |
| **TOTAL SCORE:** | | | | | | | WHO Patient Performance status (see key) | | |
| **SQUAMOUS CELL CARCINOMA (SCC)** | | | | | | | 0  1  2  3  4 | | |
| Skin lesion raises suspicion of squamous cell carcinoma **[2015]** | | | | | | | **DISCUSSIONS WITH PATIENT PRIOR TO REFERRAL** | | |
| Details: | | | | | | | Cancer needs to be excluded | |  |
| Non healing/expanding lesion with: | | | | | | | Patient given referral information leaflet | |  |
| Crusting  Induration  Ulceration | | | | | | | Date(s) unavailable next 14 days: | | |
| Slow growing lesion <1cm | | | | | | |
| Immuno-suppressed or renal transplant patient with new or enlarging lesion | | | | | | |