|  |  |  |
| --- | --- | --- |
| **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 |