**Pan London Suspected head and neck Cancer Referral Form**

**All referrals should be sent via e-RS with this form attached within 24 hours**

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| Surname:       | First name:       |
| Referral date:       | NHS number:       |
| Patient’s hospital of choice: [     ] [click here to access the hospitals directory](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/web/headneck) |

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| 1. **REASON FOR REFERRAL– ESSENTIAL**

[*See* Pan London Suspected Head and Neck Cancer Referral Guide](https://www.transformationpartnersinhealthandcare.nhs.uk/usc-head-and-neck-cancer-clinical-guide/) |
| ***Please record below the history and findings on physical examination and why you feel the patient may have cancer:***       |
| 1. **SPECIFIC CRITERIA FOR URGENT REFERRAL – ESSENTIAL**
 |
| [ ]  **Criteria for urgent referral NECK MASS including SUSPECTED MALIGNANT LYMPH NODE:** |
| [ ]  Palpable neck lump/mass (excluding thyroid) |
| **Criteria for urgent referral LARYNGEAL/PHARYNGEAL CANCER:** |
| [ ] ≥ 4 weeks of persistent, particularly unilateral, discomfort in the throat or throat pain[ ]  ≥ 40 years old with ≥ 3 weeks of at least one of the following (please mark relevant boxes):[ ]  Persistent unexplained hoarseness [ ]  Dysphagia [ ]  Odynophagia [ ]  Otalgia |
| [ ]  **Criteria for urgent referral EAR/NOSE/SINUS CANCER** |
| [ ]  Unilateral otalgia in the absence of any localised ear findings[ ]  Orbital/facial/nasal mass[ ]  Suspicious facial pain |
| [ ]  **Criteria for urgent referral THYROID CANCER:** |
| [ ] Palpable solitary thyroid lump ≥1cm[ ] Ultrasound suggestive of a thyroid cancer ≥1cm (attach report)[ ]  Enlarging goitre |
| [ ]  **Criteria for urgent referral ORAL/LIP CANCER** |
| [ ] ≥ 3 weeks of ulceration in the oral cavity[ ] Suspicious lump/mass on the lip or in the oral cavity[ ]  Red / Red & white patch in the oral cavity suggestive of leukoplakia or erythroleukoplakia[ ] Tooth mobility not associated with periodontal disease[ ] Poor healing ≥ 3 weeks post tooth extraction |
| [ ]  **Criteria for urgent referral SALIVARY CANCER:** |
| [ ] Parotid **OR** submandibular swelling [ ] Firm sub-mucosal swelling in the oral cavity  |
| **[ ]** Referral is due to **clinical concerns that do not meet above criteria - please provide full description in Section 1*****If no specific criteria are met,*** *consider seeking Advice and Guidance from a specialist before referring urgently* |
| **Clinical risk factors**[ ]  Alcohol history, [ ]  HPV, [ ]  HIV, [ ]  Previous irradiation to head and neck, [ ]  Family history of thyroid cancer,[ ]  Ex-smoker, [ ]  Oral tobacco use, [ ]  Current smoker If yes:       packs per day       years smoked  |

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| 1. **INFORMATION FOR HOSPITAL ASSESSMENT – ESSENTIAL**
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| **WHO Performance status** |
| [ ]  **0** Fully active[ ]  **1** Restricted physically but ambulatory and able to carry out light work[ ]  **2** Ambulatory more than 50% of waking hours; able to carry out self-care**[ ]  3** Limited self-care; confined to bed or chair more than 50% of waking hours**[ ]  4** Completely disabled; cannot carry out any self-care. The patient is totally confined to bed or chair |
| **Other access needs** *- Please detail per the selected options in the field below* |
| [ ]  Interpreter required If Yes, Language:      [ ]  Transport required[ ]  Wheelchair access required | [ ]  Cognitive impairment including dementia[ ]  Learning disability ([see London LD contacts](https://www.england.nhs.uk/london/london-clinical-networks/our-networks/learning-disabilities/publications/))[ ]  Mental health issues that may impact on engagement[ ]  SMI |
| Details of access needs:       |

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| 1. **ADDITIONAL IMPORTANT CLINICAL INFORMATION**
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| Past history of cancer:       |
| Relevant family history of cancer:       |
| Safeguarding concerns:       |
| Other relevant information about patient’s circumstances:       |
| Patient referred/previously investigated for similar symptoms at other hospital/service? [ ]  No [ ]  Yes, please give details:      |

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| [ ]  I have discussed the **possible diagnosis of cancer** with the patient [(Patient Information Resources)](https://www.healthylondon.org/our-work/cancer/early-diagnosis/two-week-wait-referral-repository/suspected-cancer-referrals/patient-information-leaflets/) |
| [ ]  I have advised the patient to **prioritise this appointment & confirmed they’ll be available within the next 14 days.** |
| [ ]  The patient has been advised that the hospital care **may contact them by telephone** |
| [ ]  Patient added to the practice **safety-netting system** and practice review by DDMMYY *(manual entry)*       |

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| 1. **REFERRER DETAILS – ESSENTIAL**
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| Usual GP name:       | Referring clinician:       |
| Practice code:       | Practice address:       |
| Practice name:       | Email:       |
| Main Tel:       | Practice bypass number       ***(manual entry)*** |

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| 1. **PATIENT DETAILS**
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| Surname:       | First name:       |
| NHS number:       | Title:       |
| Gender on NHS record:       | Gender Identity:       ***(manual entry)*** |
| Ethnicity:       |
| DOB:        | Age:       |
| Patient address:       |
| Daytime contact Tel:       **Home:**      **Mobile:**       |
| Email:       |
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| **Carer/ key worker details:** |
| Name:         | Contact Tel:        |
| Relationship to patient:       |  |

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| 1. **CONSULTATIONS, PAST MEDICAL HISTORY, MEDICATIONS AND INVESTIGATIONS**
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| ***Please note: You will need to add pending test results, requests and relevant excluded medical history (e.g. trans history, sexual health, private patients) manually in the text boxes below.*** |
| Consultations:       |
| Medical history:       |
| Medication:       |
| Allergies:       |
| Imaging studies (in the past 12 months): Date:        Location:             |
| Thyroid function (in the past 6 months):       |
| Full blood count (in the past 6 months):        |
| Test results pending (type of investigation) :       Trust / Organisation:       Date:             |
| All Values and Investigations (in the past 6 months):       |
| BMI (latest):       |
| Weight (latest):       |
| Blood Pressure (latest):       |
| Safeguarding history:       |
| Learning disability:       |
| Use of wheelchair:       |
| Accessible Information Needs (AIS):       |