**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** | |
| **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** |
| 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** | |
| 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** | |
| 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** |
| ***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): |