**Pan London Suspected HAEMATOLOGICAL Cancer Referral Form**

[Press the <Ctrl> key while you click here to view Pan London Suspected Cancer Referral Guide](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/general)

**REFERRAL DATE:** 

**E-referral is the preferred booking method for suspected cancer referrals.**

**If this is not available please email the referral.**

**Fax is no longer supported due to patient safety and confidentiality risks.**

**All referrals should be made within 24 hours.**

[Press the <Ctrl> key while you click here to view the list of hospitals you can refer to](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/web/haematology)

**Copy the hospital details from the webpage and paste them onto the line below.**

**PATIENT DETAILS**

**SURNAME:**       **FIRST NAME:**       **TITLE:** 

**GENDER:**       **DOB:**        **AGE:****NHS NO:** 

**ETHNICITY:**        **LANGUAGE:** 

**INTERPRETER REQUIRED**  **TRANSPORT REQUIRED**

**PATIENT ADDRESS:**       **POSTCODE:** 

**DAYTIME CONTACT**🕾**:** 

**HOME**🕾**:**       **MOBILE**🕾**:**       **WORK**🕾**:** 

**EMAIL:** 

**CARER/KEY WORKER DETAILS**

**NAME:**       **CONTACT**🕾**:**       **RELATIONSHIP TO PATIENT:** 

**COGNITIVE, SENSORY OR MOBILITY IMPAIRMENT**

**COGNITIVE**   **SENSORY**  **MOBILITY**   **DISABLED ACCESS REQUIRED**

**PLEASE INCLUDE RELEVANT DETAILS:** 

**SAFEGUARDING**

**SAFEGUARDING CONCERNS**

**PLEASE INCLUDE RELEVANT DETAILS:** 

**GP DETAILS**

**USUAL GP NAME:** 

**PRACTICE NAME:**       **PRACTICE CODE:**  

**PRACTICE ADDRESS:** 

**BYPASS**🕾**:** 

**MAIN**🕾**:**       **FAX:**       **EMAIL:** 

**REFERRING CLINICIAN:** 

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CANCER TYPE  SUSPECTED** | | | | | |
|  | **LEUKAEMIA** |  | **LYMPHOMA** |  | **MYELOMA** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **The following should be referred IMMEDIATELY as an emergency**   * **Children and young people with unexplained hepatosplenomegaly, lymphadenopathy or petechiae.** * **Blood count/film suggesting acute leukaemia** * **Spinal cord compression from a possible malignancy** * **Renal failure suspicious of myeloma** | | | | | | | |
| **REASON FOR SUSPECTED CANCER REFERRAL**  [Press the <Ctrl> key while you click here to view Pan London Suspected Haematological Cancer Referral Guide](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/haematology) | | | | | | | |
| **LEUKAEMIA** | | | | | | | |
|  | **Abnormal FULL BLOOD COUNT / BLOOD FILM suggestive of leukaemia** | | | | | | |
|  | **Unexplained persistent or recurrent infections** | | | | | | |
|  | **Unexplained bruising, bleeding or petechiae** | | | | | | |
| **MYELOMA** | | | | | | | |
|  | **Protein electrophoresis suggestive of myeloma (reports attached)** | | | | | | |
|  | **Urine Bence-Jones proteins suggestive of myeloma** | | | | | | |
|  | **Age >40 with unexplained fracture** | | | | | | |
|  | **Age >40 with >6 weeks of bone pain** | | | | | | |
|  | **Age >40 with back pain with ‘red flag’ symptoms (see referral guide)** | | | | | | |
| **LYMPHOMA** | | | | | | | |
|  | **Unexplained lymphadenopathy** | | | | | | |
|  | **Persistent lymphadenopathy ≥ 6 weeks; lymph nodes ≥ 2cm or increasing in size** | | | | | | |
| **Location of enlarged lymph nodes:** |  | **Neck** |  | **Groin** |  | **Axilla** |
|  | **Neck only** | | | | | |
|  | **Unexplained splenomegaly** | | | | | | |
|  | **Associated symptoms (fever, night sweats, shortness of breath, pruritus or weight loss)** | | | | | | |
|  | **Referral is due to CLINICAL CONCERNS that do not meet NICE/pan-London referral criteria (the GP MUST give full clinical details in the ‘additional clinical information’ box at time of referral)** | | | | | | |

**Additional clinical information:**

**Personal/relevant patient information:**

**Past history of cancer:**

**Relevant family history of cancer:**

|  |  |
| --- | --- |
|  | **I have discussed the possible diagnosis of cancer with the patient** |
|  | **The patient has been advised and confirmed they will be available for an appointment within the next two weeks** |
|  | **I have counselled the patient regarding the referral process and offered the pan-London information leaflet. Offering written patient information increases patient experience and reduces non-attendance. These are available in 11 different languages.**  [Press the <Ctrl> key while you click here to view the leaflet](https://www.healthylondon.org/cancer/suspected-cancer-referrals/patient-information-leaflets) |
|  | **This patient has been added to the practice suspected cancer safety-netting system**  [Press the <Ctrl> key while you click here to view Pan London Practice-based Suspected Cancer Safety Netting System](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/safetynetting) |

**INVESTIGATIONS**

**Please ensure this referral includes ALL the relevant investigations including blood tests and imaging. If there are any pending test results that you have organised at the time of this referral please provide information including TYPE OF INVESTIGATION requested (bloods, imaging) and TRUST performing the tests in the box below.**

**CLINICALLY-SPECIFIC AUTOMATIC TABULATED DATA**

**Please state hospital laboratory where blood tests below were performed:**

**IMAGING STUDIES (in past 3 months) Please include date:**       **and location:**      

**FBC (most recent recorded in past 3 months)**

**ESR (most recent recorded in past 3 months)**

**CRP (most recent recorded in past 3 months)**

**RENAL FUNCTION (most recent recorded in past 3 months)**

**LFT (most recent recorded in past 3 months)**

**BONE PROFILE (most recent recorded in past 3 months)**

**SERUM PROTEIN ELECTROPHORESIS** **(most recent recorded in past 3 months)**

**URINARY BENCE JONES PROTEIN (most recent recorded in past 3 months)**

**ROUTINE AUTOMATIC TABULATED DATA**

**MEDICAL HISTORY**

**ALLERGIES**

**MEDICATION**

**OFFICE USE ONLY**