

**Suspected Lung Cancer Referral Form**

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| **Patient Details** | | | |
| Surname: | | Date of Birth: | |
| Forename(s): | | Gender: | |
| Address (inc postcode): | | NHS Number: | |
| Telephone Numbers  **Please check tel no's with patient** | Tel No (Home): | Tel No (work): | Tel No (Mobile): |
| **GP Details** | | | |
| Referring GP: | | GP Tel No: | |
| Practice Name: | | Practice Email Address: | |
| Practice Address: | | Date of decision to refer: | |

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| **Patient Information** | | | |
| Does your patient have a learning disability? | | | YesNo |
| Is your patient able to give informed consent? | | | YesNo |
| Is your patient fit for day case investigation? | | | YesNo |
| If a translator is required, please specify language: | | | |
| Is patient on any of the following medications? | | | |
| Aspirin | YesNo | Indication for therapy: | |
| Clopidogrel /Prasugrel etc . | Yes No | Indication for therapy: | |
| Warfarin | Yes No | Indication for therapy: | |
| NOAC (Rivaroxaban etc.) | Yes No | Indication for therapy: | |
| Insulin | Yes No |  | |

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| It would be helpful if you could provide performance status information (please tick as appropriate)  Fully active  Able to carry out light work  Up & about 50% of waking time  Limited to self-care, confined to bed/chair 50%  No self-care, confined to bed/chair 100% |

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| Please confirm that the patient is aware that this is a suspected cancer referral:  Yes No |
| Date(s) that patient is unable to attend within the next two weeks:  *If patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.* |
| ***The above details are required before we can begin booking appointments*** |

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| **Level of Cancer Concern** (completion optional) |
| **All patients should meet NICE guidelines for suspected cancer 2015**  *“I’m very concerned that my patient has cancer”*  *“I’m unsure, it might well be cancer but there are other equally plausible explanations.”*  *“I don’t think it likely that my patient has cancer but they meet the guidelines.”*  If your patient does not fit the 2ww referral criteria but you still have significant concerns, you may wish to use the Seeking Advice in the ICO service as an alternative to a routine referral.  **Reasons for referring**  *Please detail patient and relevant family history, examination and investigation findings, your conclusions and what needs excluding or attach referral letter.* |

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| **Referral Criteria** |
| Lung cancer or mesothelioma  has chest X‑ray findings that suggest lung cancer or mesothelioma ***Chest X-ray should be no more than 3 weeks old***  is aged 40 and over with [unexplained](http://www.nice.org.uk/guidance/NG12/chapter/terms-used-in-this-guideline#terms-used-in-this-guideline) haemoptysis ***Please arrange a chest X-ray to take place in next 48 hours***  For minor or resolved haemoptysis without other symptoms suggestive of lung cancer, consider just a chest X-ray  has a normal chest X-ray but with a high index of suspicion  Up to 25% of chest X-rays can be falsely negative in lung cancer so if the clinical suspicion is high or there is clinical lymphadenopathy or clubbing, refer urgently to 2ww lung cancer service. |
| **Latest Lung Function (if available)**   |  |  | | --- | --- | | FEV1: |  | | % Predicted: |  | |

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| **Clinical Summary** |
| **Clinical History (significant past and current medical history):** |
| **Current medication:** |
| **Blood Tests (if available – last 3 months):** |
| **Allergies:** |
| **Smoking:** |
| **BMI** (if available): |
| **Alcohol** (if available)**:** |

**Attachments:** Letter Medication List Other

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| **For hospital to complete** UBRN:  Received Date: |

In the event of e-Referral service not available - please email to; [sdhct.respiratorymedicine@nhs.net](mailto:sdhct.respiratorymedicine@nhs.net)with title “2ww urgent referral”