**Suspected Sarcoma 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 nos 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?  | [ ] Yes[ ] No  |
| Is your patient able to give informed consent?  | [ ] Yes[ ] No  |
| Is your patient fit for day case investigation?  | [ ] Yes[ ] No  |
| If a translator is required, please specify language:   |
| Is patient on any of the following medications?  |
| Aspirin  | [ ] Yes[ ] No  | Indication for therapy:  |
| Clopidogrel /Prasugrel etc .  | [ ] Yes [ ] No  | Indication for therapy:  |
| Warfarin  | [ ] Yes [ ] No  | Indication for therapy: Drug, indication, target INR, stability of INR |
| 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%Fully active  |

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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.* |

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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.”***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** |
| Bone Sarcoma[ ] X‑ray suggests the possibility of bone sarcoma (please include x-ray results)  |
| Soft Tissue Sarcoma[ ] Unexplained lump increasing in size (will be triaged direct for ultrasound if appropriate)[ ] Ultrasound findings of sarcoma or findings are uncertain and clinical concern persistsLocation of Mass  |
| **The following recent blood results, less than 8 weeks old, would be extremely helpful:**FBC, eGFR, U&Es |

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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)**:**  |

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