**Suspected Upper Gastrointestinal Tract Cancers 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:  |
| 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.* |

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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** |
| **Oesophageal or gastric cancer**[ ] Upper GI endoscopy indicates **oesophageal cancer.** [ ] Aged 55 and over with weight loss and any of the following\*[ ] Upper abdominal pain\*[ ] Reflux\*[ ] dyspepsia\* [ ] dysphagia\*[ ] upper abdominal mass consistent with stomach cancer\* | **\*Northern Devon Healthcare Trust Only:****Please use direct access 2ww OGD form unless necessary to see in clinic first** |
| **Gall bladder cancer**[ ] ultrasound indicates gall bladder cancer |
| **Liver cancer**[ ] ultrasound indicates liver cancer |
| **Pancreatic cancer**[ ] aged 40 and over and have jaundice;[ ] CT indicates pancreatic cancer;[ ] ultrasound indicates pancreatic cancer. |
| **The following recent blood results, less than 8 weeks old, would be extremely helpful:**FBC, U&E, LFT, Ferritin, Iron studies, bilirubin. |

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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)**:**  |

**PLYMOUTH HOSPITALS ONLY**

Consider **urgent referral** for patients without dyspepsia but with any of the following:

Persistent nausea, vomiting/weight loss

Iron Deficiency Anaemia (please use 2ww Colorectal form).

Please use [fast track jaundice](https://www.plymouthhospitals.nhs.uk/download.cfm?doc=docm93jijm4n711.doc&ver=863) if appropriate. Please indicate if the patient uses insulin.

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| Please send this Suspected Upper GI Cancer referral to the appropriate Provider for your area using their preferred method |
| Plymouth Hospitals Trust  | e-Referral Service |
| Royal Devon & Exeter NHS Foundation Trust  | email Rde-tr.endoscopy@nhs.net |
| Northern Devon Healthcare NHS Trust | e-Referral Service |

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