

**Suspected Haematological Cancer Referral Form**

**Adults**

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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 | 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.* |
| ***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** |
| **Leukaemia**  *If a blood film suggests an acute leukaemia please arrange an immediate admission with a haematologist. (the on call haematologist may have already contacted you )* |
| **CLL is not a 2ww referral, please send a routine referral** |
| **Myeloma**  Results of investigations suggest myeloma (e.g. serum paraprotein, urine Bence- Jones protein)   * *Myeloma is unlikely with a IgG <15g/l or IgA<10g/l in the absence of other symptoms (e.g. renal failure, hypercalcaemia, back pain, bone marrow failure), in which case consider a routine referral.* * *Spinal cord compression or acute kidney injury suspected of being caused by myeloma should be discussed more urgently with on call haematologist* * *A polyclonal (diffuse) increase in gammaglobulin is not associated with haematological malignancy*. |
| **Lymphoma**  for isolated head and neck lymph nodes please refer on Head and Neck 2ww pathway  unexplained lymphadenopathy or;  splenomegaly.  (*Unexplained lymphadenopathy is defined as >1cm and persisting for six weeks)*  *When considering referral, take into account any associated symptoms, particularly fever, night sweats, pruritus, alcohol-induced lymph node pain or weight loss.* |

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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; [sdhcft.haematology@nhs.net](mailto:sdhcft.haematology@nhs.net) with title “2ww urgent referral”