**Suspected Head and Neck Cancer Referral Form**

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

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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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| **Reason for Referral** |
| **All patients should meet NICE guidelines for suspected cancer 2015****Please detail your reasons for referring, presenting symptoms and your examination findings OR attach a referral letter containing these details.** |
| **Referral Criteria** |
| **Suspected Head and Neck Cancer - General:** [ ]  An unexplained lump in the neck i.e. of recent onset or a previously undiagnosed lump that has changed over a period of 3 – 6 weeks.[ ]  An unexplained persistent swelling in the parotid or submandibular gland  | **Suspected Thyroid Cancer:** [ ]  unexplained thyroid lump (consider)*It would be very helpful if a thyroid function test result less than 8 weeks old could be provided* |
| **Suspected Head and Neck Cancer – Ear, Nose and Throat Origin:** [ ]  Persistent unexplained hoarseness ie >3 weeks, with negative chest X-ray (consider)[ ]  An unexplained persistent sore throat especially if associated with dysphagia, hoarseness or otalgia [ ]  Unexplained ulceration of the oral cavity or mass persisting for more than 3 weeks (consider) (including tonsil area)[ ]  Referred otalgia as a symptom of laryngeal or pharyngeal malignancy[ ]  Dysphagia with obstruction in pharynx of cervical oesophagus [ ]  Persistent unilateral nasal obstruction with bloody discharge [ ]  Unexplained serous otitis media/ effusion in a patient aged over 18  | **Suspected Head and Neck Cancer – Oral Maxillo-Facial Origin** [ ]  Unexplained ulceration of the oral cavity or mass persisting for more than 3 weeks (consider) (excluding tonsils)[ ]  Unexplained red and white patches (including suspected lichen planus) of the oral cavity particularly if painful, bleeding or swollen (consider).[ ]  Oral cavity and lip lesions or persistent symptoms of the oral cavity followed up for six weeks where definitive diagnosis of a benign lesion cannot be made [ ]  Non-healing extraction sockets (>4 weeks duration) or suspicious loosening of teeth, where malignancy is suspected (particularly if associated with numbness of the lip)  |
| **Please note: unilateral sensorineural hearing loss is not a symptom of head and neck cancer. Please refer patients with this symptom via the normal channels.**  |

**Clinical History (significant past and current medical history):**

<Problems(table)>

**Current medication:**

<Repeat Templates(table)>

**Blood Tests (if available – last 3 months):**

<Pathology & Radiology Reports(table)>

**Allergies:**

<Allergies & Sensitivities(table)>

**Smoking:**

<Diagnoses(table)>

**BMI** (if available):

<Latest BMI>

**Alcohol** (if available)**:**

<Numerics(table)>

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