**Suspected Haematological Cancer Referral Form Adults**

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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? | | | 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.* |
| **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** |
| **Acute Leukaemia**  *If a blood film suggests an* ***acute*** *leukaemia please arrange an immediate admission with a haematologist.* |
| **Myeloma**  Results of investigations (see below) suggest myeloma.  **If a radiology report suggests possible myeloma, please perform tests for urinary Bence Jones proteins and a plasma electrophoresis. If these tests are negative, diagnosis of myeloma is highly unlikely - it may be better to consider an alternative diagnosis for the X-ray findings.**  *When considering referral take into account other features including: hypercalcaemia, abnormal full blood count, acute kidney injury.*   * A myeloma screen includes: **full blood count, renal function, calcium, protein electrophoresis, urinary 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**  Unexplained lymphadenopathy  *Unexplained lymphadenopathy is defined as >1cm and persisting for six weeks*  Unexplained palpable splenomegaly  Unexplained radiological splenomegaly plus symptoms or signs  *When considering referral take into account any associated symptoms, particularly unexplained high fever, drenching night sweats (with or without weight loss), shortness of breath, pruritus or alcohol-induced lymph node pain.* |

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| **Please attach the following recent pathology results if available (less than 8 weeks old)**  **Myeloma**  FBC, renal function, calcium, serum protein electrophoresis, urinary Bence Jones Protein  **Lymphoma**  FBC U+Es, LFTs, LDH |
| **Chronic Lymphoid Leukaemia** (CLL) **is not an indication for a 2 week wait** referral - refer **routinely** if new diagnosis |

**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: |