**Suspected Lung 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? | | | 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%Fully active |

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| Please confirm that the patient is aware that this is a suspected cancer referral:  YesNo |
| 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.** |

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| **Referral Criteria** |
| **NICE recommends urgent CXR under a variety of circumstances. Please refer to the** [**NG12 guidelines**](https://www.nice.org.uk/guidance/ng12/chapter/1-Recommendations-organised-by-site-of-cancer#lung-and-pleural-cancers) **for further guidance.**  Lung cancer or mesothelioma  has chest X‑ray findings that suggest lung cancer or mesothelioma ***Chest X-ray should be no more than 3 weeks old***  is aged 40 and over with [unexplained](http://www.nice.org.uk/guidance/NG12/chapter/terms-used-in-this-guideline#terms-used-in-this-guideline) haemoptysis ***Please arrange a chest X-ray to take place in next 48 hours***  For minor or resolved haemoptysis without other symptoms suggestive of lung cancer, consider just a chest X-ray  has a normal chest X-ray but with a high index of suspicion and /or relevant lymphadenopathy or clubbing |

**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)>

**Spirometry (if available – last 12 months):**

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| --- | --- |
| FEV1 | <Numerics> |
| FVC | <Numerics> |
| FEV1/FVC Ratio | <Numerics> |

**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: |