

**Suspected Skin Cancer 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 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 | 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.* |
| ***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.”*  **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** | |
| **Malignant melanoma**  lesions that could be a melanoma in your differential diagnosis, including moles that you think are harmless, but want to rule out melanoma  dermoscopy suggests melanoma of the skin  pigmented or non‑pigmented skin lesion that suggests nodular melanoma (consider) e.g. bleeding or vascular nodule unless definite benign diagnosis | |
| *NICE Referral Guidelines on lesions suspicious of malignant melanoma. Patients with a score of 3 or more as follows:* | |
| *Major features (scoring 2 points each):*   * *change in size* * *irregular shape* * *irregular colour* | *Minor features (scoring 1 point each):*   * *largest diameter 7 mm or more* * *inflammation* * *oozing* * *change in sensation* |
| **Squamous cell carcinoma**  skin lesion that raises the suspicion of squamous cell carcinoma or where SCC is in your differential diagnosis (eg keratoacanthoma or atypical wart), including keratotic lesions that you think are harmless but want to rule out | |
| **Basal cell carcinoma**  lesion may be a basal cell carcinoma or a squamous cell carcinoma  lesion that raises the suspicion of basal cell carcinoma at a difficult site (eg tip of nose, near eye, upper lip) or pattern of growth (eg large, infiltrative, growing fast) such that you think that delay would have a significant impact on patient wellbeing.  Any basal cell carcinoma in an immunosuppressed person | |
| **Immune suppressed patient**  Any lump that is new and does not have a definite benign diagnosis  Any lesion that bleeds, or is changing  Any basal cell carcinoma in an immune suppressed person | |
| *Immune suppression is defined by:* | |
| * *organ transplant recipient* * *systemic immune suppressive therapy for inflammatory disease, eg arthritis, psoriasis, inflammatory bowel disease* * *haematological disorder affecting immunity* * *recent chemotherapy* | |
| **Additional information**  **Where is the lesion Clearly stating Left/ Right, Lower / Upper, Proximal/Distal?**    **What is the largest dimension?**    **How long has the lesion been there?**    **Is it bleeding, oozing or ulcerated?**    **What has changed (or if change unknown)?** | |
| **Do they have a pacemaker or other inserted device?** (This is to enable the dermatology team to direct the patient onto the correct pathway for excisions)  Yes No | |

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