**BNSSG Suspected skin Cancer Referral Form**

 **All referrals should be sent via e-RS with this form attached within 24 hours**

**Referrals should (unless exclusion criteria are met) be sent with images to enable remote assessment**

Please ensure all fields are completed, this will help ensure the patient is seen in the most appropriate clinic and in a timely way. Requesting additional information can delay appointments.

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| Referral date: **Short date letter merged** | Patient’s hospital of choice: [     ] |
| 1. **REFERRER DETAILS – ESSENTIAL**
 |
| Usual GP name: **Free Text Prompt** | Referring clinician: **Free Text Prompt** |
| Practice code:       | Practice address: **Organisation Full Address (stacked)**  |
| Practice name:       | Email: **Organisation E-mail Address** |
| Main Tel: **Organisation Telephone Number** | Practice bypass number       ***(manual entry)*** |

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| 1. **PATIENT DETAILS - ESSENTIAL**
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| Surname: **Surname** | First name: **Given Name** |
| NHS number: **NHS Number** | Title: **Title** |
| Gender on NHS record: **Gender(full)**  | Gender Identity: **Free Text Prompt** ***(manual entry)*** |
| Ethnicity:       | Hospital No.: **Hospital Number** |
| DOB: **Date of Birth**  | Age:       |
| Patient address: **Home Full Address (stacked)** |
| Daytime contact Tel:       **Home:** **Patient Home Telephone** **Mobile:** **Patient Mobile Telephone** *Please check telephone numbers* |
| Email:       |
| Does the patient have the capacity to consent? Yes [ ]  No [ ]   |
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| **Carer/ key worker details:** |
| Name:         | Contact Tel:        |
| Relationship to patient:       |  |

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| 1. **REASON FOR REFERRAL – ESSENTIAL**

[Suspected Skin Cancer Referral Page](https://remedy.bnssg.icb.nhs.uk/urgent-suspected-cancer-usc/skin-usc-2ww/) |
| ***Please record below the history and findings on physical examination and why you feel the patient may have cancer:***      |
| **Location of lesion and side of body -** please be as specific as possible**:**      **Is the lesion within 5mm of the eye, or on the eyelid?**      **What is the largest dimension of the lesion?**      **Duration of lesion:**      **Is the lesion bleeding, oozing or ulcerated?**      **What has changed** (or is change unknown)**?**      \*Lesions greater than 1cm on the labia or vulva should be referred to gynaecology using the gynaecology suspected cancer referral form |
| 1. **CRITERIA FOR SPECIFIC SKIN CANCER SUSPECTED – ESSENTIAL*.***
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| [ ]  S**uspected MELANOMA:** |
| The lesion is: New [ ]  Changed in the last 3 months [ ]  Neither [ ] Weighted 7-item checklist:**2 Points for each of the following for pigmented skin lesion with:**[ ]  Change in size [ ]  Irregular shape [ ]  Irregular colour **1 Point for each of the following for pigmented skin lesion with:**[ ]  Largest diameter 7mm or more [ ]  Oozing [ ]  Inflammation [ ]  Change in sensation**Total score:**      **/10 (Refer patients with score of 3 or more)** |
| [ ] Dermoscopic appearances suggest melanoma (in situ or invasive)[ ] Pigmented or non‑pigmented skin lesion / nodule that suggests nodular or amelanotic melanomae.g. bleeding or vascular nodule unless definite benign diagnosis |
| [ ]  S**uspected SQUAMOUS CELL CARCINOMA** e.g. a keratoacanthoma or atypical wart, including keratotic lesions that you may think are harmless, but require a potential skin cancer diagnosis to be ruled out |
| [ ]  **SUSPECTED BASAL CELL CARCINOMA (see below)**The majority of BCCs should be referred on a routine pathway**Only refer on USC pathway** if; The lesion is on the head or neck **AND** there is one or more of the following- there is rapid growth- it is on or near the eye, nose, lip or ear- it has a diameter of >2cm- is incompletely excised or recurrent |

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| **Risk Factors:** |
| [ ]  No risk factors [ ]  Previous skin cancer [ ]  >100 moles[ ]  Immunosuppressed [ ]  Family history skin cancer [ ]  Sun damage |

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| **Macro and Dermoscopic Images** |
| Referrals should (unless exclusion criteria are met) be sent with images to enable remote assessment[***Skin - USC (2WW) (Remedy BNSSG ICB)***](https://remedy.bnssg.icb.nhs.uk/urgent-suspected-cancer-usc/skin-usc-2ww/) |

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| 1. **INFORMATION FOR HOSPITAL ASSESSMENT – ESSENTIAL**
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| **WHO Performance status** |
| [ ]  **0** Fully active[ ]  **1** Restricted physically but ambulatory and able to carry out light work[ ]  **2** Ambulatory more than 50% of waking hours; able to carry out self-care**[ ]  3** Limited self-care; confined to bed or chair more than 50% of waking hours**[ ]  4** Completely disabled; cannot carry out any self-care. The patient is totally confined to bed or chair |
| **Other access needs -** *please detail per the selected options in the field below* |
| [ ]  No access needs[ ]  Interpreter required If Yes, Language:      [ ]  Transport required [ ]  Mobility needs [ ]  Wheelchair access required[ ]  Autism [ ]  Learning disability [ ]  Cognitive impairment including dementia[ ]  Mental health issues that may impact on engagement [ ]  Severe mental illness |
| Details of access needs:       |
| **Key clinical information to aid triage and assessment** |
| [ ]  None of the following apply **[ ]** Pacemaker/cardiac device **[ ]** Blood born virus**[ ]** Pregnant **[ ]** Breastfeeding **[ ]** On anticoagulant medication |
| Details of above if any boxes ticked       |

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| 1. **ADDITIONAL IMPORTANT CLINICAL INFORMATION**
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| Past history of cancer:       |
| Relevant family history of cancer:       |
| Safeguarding concerns:       |
| Other relevant information about patient’s circumstances:       |
| Patient referred/previously investigated for similar symptoms at other hospital/service? [ ]  No [ ]  Yes, please give details:      |

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| [ ]  I have discussed the **possible diagnosis of cancer** with the patient |
| [ ]  I have provided the patient the urgent fast track referral leaflet  |
| [ ]  I have advised the patient to **prioritise this appointment & confirmed they’ll be available within the next 14 days (please detail availability below if not available)** |
| [ ]  The patient has been advised that the hospital **may contact them by telephone** |
| [ ]  Patient added to the practice **safety-netting system,** where available |
| Where required, please provide additional information here concerning the above questions e.g. if patients have dates that they are not available:      |

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| 1. **CONSULTATIONS, PAST MEDICAL HISTORY, MEDICATIONS AND INVESTIGATIONS**
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| ***Please note: You will need to add pending test results, requests and relevant excluded medical history (e.g. trans history, sexual health, private patients) manually in the text boxes below.*** |
| Consultations: **Problems** |
| Medical history: **Problems** |
| Medication: **Medication** |
| Allergies: **Allergies** |
| Imaging studies (in the past 12 months): Date:        Location:             |
| Renal function (in the past 6 months):       |
| Full blood count (in the past 6 months):        |
| Test results pending (type of investigation) :       Trust / Organisation:       Date:             |
| All Values and Investigations (in the past 6 months):       |
| BMI (latest): **BMI** |
| Weight (latest):      |
| Blood Pressure (latest):       |
| Safeguarding history:       |
| Learning disability:       |
| Use of wheelchair:       |
| Accessible Information Needs (AIS):       |
| Smoking status: **Smoking**  |
| Alcohol Consumption: **Alcohol Consumption** |

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| Trust Specific Details**Please note Weston does not have a skin cancer service (but UH Bristol offers peripheral clinics there)** |

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

**Refer to:**

UHB [ ]

NBT [ ]