**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** | |
| 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*.*** |
| 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 melanoma  e.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** |
| **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 applyPacemaker/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** |
| 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** | |
| ***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