**BNSSG Suspected head and neck Cancer Referral Form**

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

**DENTISTS – please email referral to** ***FastTrackOffice@uhbw.nhs.uk***

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** |  |
| 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**

[See Remedy Head and Neck Cancer Referral Guidance](https://remedy.bnssg.icb.nhs.uk/urgent-suspected-cancer-usc/head-neck-incl-thyroid-usc-2ww/) |
| ***Please record below the history and findings on physical examination and why you feel the patient may have cancer.******If referring for a neck lump, please note the duration and whether the lump is persistent in the same location***  |
| 1. **SPECIFIC CRITERIA FOR URGENT REFERRAL – ESSENTIAL**
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| [ ]  **Criteria for urgent SUSPECTED HEAD AND NECK CANCER – NECK LUMP:** |
| [ ]  An unexplained palpable lump in the neck i.e. of recent onset or a previously undiagnosed lump that has changed over a period of 3 – 6 weeks.[ ]  An unexplained persistent swelling in the parotid or submandibular gland |
| **Criteria for urgent SUSPECTED THYROID CANCER:** |
| [ ] Unexplained thyroid lump Please perform thyroid function test in parallel with referral |
| [ ]  **Criteria for urgent SUSPECTED HEAD AND NECK CANCER – EAR, NOSE AND THROAT ORIGIN:** |
| [ ]  Age >40 with constant unexplained hoarseness > 3 weeks, and a negative chest X-ray[ ]  Age >40 with an unexplained constant sore throat especially if it is severe, lateralising or associated with dysphagia, hoarseness or otalgia [ ]  Unexplained unilateral serous otitis media/ effusion in a patient aged over 18 |
| [ ]  **Criteria for urgent SUSPECTED HEAD AND NECK CANCER – ORAL MAXILLO-FACIAL ORIGIN**NICE Guidance Advises; Consider an urgent referral (for an appointment within 2 weeks) for assessment for possible oral cancer by a dentist in people who have either a lump on the lip or in the oral cavity or a red or red and white patch in the oral cavity consistent with erythroplakia or erythroleukoplakia.***If patient doesn’t have access to a dentist please note this here*** [ ] ***If possible, please attach images of the area of concern to this referral******- guidance on taking intra-oral photos is available on Remedy***  |
| [ ]  Unexplained ulceration of the oral cavity or mass persisting for > 3 weeks [ ]  Unexplained red and white patches (including suspected lichen planus) of the oral cavity particularly if painful, bleeding or swollen [ ]  Oral cavity and lip lesions or persistent symptoms of the oral cavity followed up for six weeks where definitive diagnosis of a benign lesion cannot be made [ ]  Non-healing extraction sockets (>4 weeks duration) or suspicious loosening of teeth, where malignancy is suspected (particularly if associated with numbness of the lip) |
| [ ]  Referral is due to **clinical concerns that do not meet above criteria - please provide full description in Section 1**Please note: unilateral sensorineural hearing loss is not a symptom of head and neck cancer. Please refer patients with this symptom via the normal channels. ***If no specific criteria are met,*** *consider seeking Advice and Guidance from a specialist before referring urgently* |
| **Clinical risk factors****[ ]  No risk factors** [ ]  Alcohol history [ ]  HPV [ ]  HIV [ ]  Previous irradiation to head and neck [ ]  Family history of thyroid cancer [ ]  Oral tobacco use [ ]  Ex-smoker [ ]  Current smoker If yes:       packs per day       years smoked  |

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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 | [ ]  Cognitive impairment including dementia[ ]  Learning disability [ ]  Autism[ ]  Mental health issues that may impact on engagement[ ]  Severe mental illness |
| Details of access needs:       |

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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 [(Patient Information & Safety Netting)](https://remedy.bnssg.icb.nhs.uk/urgent-suspected-cancer-usc/patient-information-safety-netting/) |
| [ ]  I have advised the patient to **prioritise this appointment & confirmed they’ll be available within the next 14 days.** |
| [ ]  The patient has been advised that the hospital care **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: **Consultations** |
| Medical history:       |
| Medication: **Medication**  |
| Allergies: **Allergies** |
| Imaging studies (in the past 12 months): Date:        Location:             |
| Thyroid 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):       |
| Alcohol consumption (units per week) **Alcohol Consumption** |
| Smoking status: **Smoking** |
| Safeguarding history:       |

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| **Trust Specific Details*****Please note:**** ***North Bristol Trust does not have a Head and Neck cancer service***
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| ***For hospital to complete*** UBRN: Received date: |

**Refer to:**

UHB  [ ]