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## PAN LONDON SUSPECTED BRAIN & CNS CANCER REFERRAL FORM

Press the <Ctrl> key while you click here to view the Pan London Cancer Referral Support Guide

REFERRAL DATE:

**E-referral is the preferred booking method for suspected cancer referrals.**

**If this is not available please email the referral.**

**Fax is no longer supported due to patient safety and confidentiality risks.**

**All referrals should be made within 24 hours.**

Press the <Ctrl> key while you click here to view the list of hospitals you can refer to

**Copy the hospital details from the webpage and paste them onto the line below.**

### PATIENT DETAILS

SURNAME: FIRST NAME: TITLE:

GENDER: DOB: AGE: NHS NO:

ETHNICITY: LANGUAGE:

☐ INTERPRETER REQUIRED ☐ TRANSPORT REQUIRED

PATIENT ADDRESS: POSTCODE:

DAYTIME CONTACT:

HOME: MOBILE: WORK:

EMAIL:

### CARER/KEY WORKER DETAILS

NAME: CONTACT: RELATIONSHIP TO PATIENT:

### COGNITIVE, SENSORY OR MOBILITY IMPAIRMENT

☐ COGNITIVE ☐ SENSORY ☐ MOBILITY ☐ DISABLED ACCESS REQUIRED

PLEASE INCLUDE RELEVANT DETAILS:

### SAFEGUARDING

☐ SAFEGUARDING CONCERNS

PLEASE INCLUDE RELEVANT DETAILS:

### GP DETAILS

USUAL GP NAME:

PRACTICE NAME: PRACTICE CODE:

PRACTICE ADDRESS:

BYPASS:

MAIN: FAX: EMAIL:

REFERRING CLINICIAN:

## REFERRAL FOR DIRECT ACCESS INVESTIGATIONS

Where it is available, GPs should arrange urgent brain MRI (or brain CT if MRI is contraindicated) (to be performed within 2 weeks) for patients presenting with symptoms which raise suspicion of brain cancer.

Press the <Ctrl> key while you click here to view Pan London Suspected Brain and CNS Cancer Referral Guide

## REASON FOR SUSPECTED CANCER REFERRAL

- ☐ Abnormal brain MRI/CT scan suggestive of cancer
- ☐ Progressive, sub-acute loss of central neurological function
- ☐ New onset seizures- focal or interictal focal deficit
- ☐ Rapid personality change or behavioural disturbance/ slowness confirmed by witnesses with no reasonable explanation
- ☐ Headache with sinister features suggestive of raised intracranial pressure
- ☐ Isolated new onset daily headache duration of <12 weeks
- ☐ Unexplained rapid cognitive changes
- ☐ Cranial nerve palsy
- ☐ Visual changes
- ☐ History of malignancy with neurological symptoms
- ☐ Referral is due to CLINICAL CONCERNS that do not meet NICE/pan-London referral criteria (the GP MUST give full clinical details in the 'additional clinical information' box at time of referral)
- ☐ Referral is due to GP not having direct access to urgent Brain MRI/CT and patient is presenting with symptoms which raise suspicion of brain cancer (the GP MUST give full clinical details in the 'additional clinical information' box at time of referral)

Additional clinical information:

Personal/relevant patient information:

Past history of cancer:

Relevant family history of cancer:

- ☐ I have discussed the possible diagnosis of cancer with the patient
- ☐ The patient has been advised and confirmed they will be available for an appointment within the next two weeks
- ☐ I have counselled the patient regarding the referral process and offered the pan-London information leaflet. Offering written patient information increases patient experience and reduces non-attendance. These are available in 11 different languages.

Press the <Ctrl> key while you click here to view the leaflet

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☐ **This patient has been added to the practice suspected cancer safety-netting system**

Press the <Ctrl> key while you click here to view Pan London Practice-based Suspected Cancer Safety Netting System

## INVESTIGATIONS

Please ensure this referral includes ALL the relevant investigations including blood tests and imaging. If there are any pending test results that you have organised at the time of this referral please provide information including TYPE OF INVESTIGATION requested (bloods, imaging) and TRUST performing the tests in the box below.

**IMAGING STUDIES (in past 3 months)** Please include date: and location:

**RENAL FUNCTION (most recent recorded in past 3 months)**

**MEDICAL HISTORY**

**ALLERGIES**

**MEDICATION**