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PAN LONDON SUSPECTED CHILDREN'S CANCER REFERRAL FORM

(PATIENTS AGED UNDER 16 YRS)

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

REFERRAL DATE:

All referrals should be discussed with the local paediatrician on call within 24 hours and the patient should be referred to the paediatric department for an appointment within 48 hours.

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:

<p>The GP MUST ALWAYS discuss the patient with the local paediatrician on call and refer the patient to the paediatric department for an appointment within 48 hours</p>																	
<p>CANCER TYPE SUSPECTED</p>																	
<input type="checkbox"/> Leukaemia <input type="checkbox"/> Soft Tissue Sarcoma <input type="checkbox"/> Neuroblastoma	<input type="checkbox"/> Lymphoma <input type="checkbox"/> Hepatoblastoma <input type="checkbox"/> Unknown	<input type="checkbox"/> Brain Tumour <input type="checkbox"/> Wilm's Tumour															
<p>REASON FOR SUSPECTED CANCER REFERRAL Children should be seen by a specialist WITHIN 48 HOURS. Refer children and young people for IMMEDIATE SPECIALIST ASSESSMENT for leukaemia if they have unexplained petechiae or hepatosplenomegaly or if the results of a full blood count are suggestive of leukaemia. Suspected <u>Retinoblastoma</u> - Use Pan London Suspected Ocular Surface/Orbital/Intraocular Cancer & Retinoblastoma Referral Form. Suspected <u>Skin Cancer</u> - Use Pan London Suspected Skin Cancer Referral Form. Suspected <u>Bone Sarcoma</u> - Use Pan London and South East Network Suspected Sarcoma Referral Form. Press the <Ctrl> key while you click here to view Pan London Suspected Children's Cancer Referral Guide</p>																	
<p>Take into account the insight and knowledge of parents and carers when considering making a referral for a suspected cancer in a child or young person. Consider referral for child if their parent or carer has persistent concern or anxiety about the child's symptoms, even if the symptoms are most likely to have a benign cause.</p>																	
<p>CLINICAL FEATURES</p> <p><u>General</u></p> <table> <tr> <td><input type="checkbox"/> Weight loss</td> <td><input type="checkbox"/> Fatigue/malaise/lethargy</td> </tr> <tr> <td><input type="checkbox"/> Appetite loss</td> <td><input type="checkbox"/> Nausea/vomiting</td> </tr> <tr> <td><input type="checkbox"/> Unexplained fever</td> <td><input type="checkbox"/> Night sweats</td> </tr> <tr> <td><input type="checkbox"/> Unexplained pruritus</td> <td><input type="checkbox"/> Unexplained persistent infection</td> </tr> <tr> <td><input type="checkbox"/> Shortness of breath</td> <td><input type="checkbox"/> Pallor or other signs of anaemia</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Unexplained persistent vague symptoms (3≥ consultations)</td> </tr> </table> <p><u>Pain</u></p> <table> <tr> <td><input type="checkbox"/> Bone pain</td> <td><input type="checkbox"/> Abdominal pain</td> <td><input type="checkbox"/> Unexplained headache</td> </tr> </table> <p><u>Urology</u></p> <p><input type="checkbox"/> Unexplained visible haematuria</p> <p><u>Neurology</u></p>			<input type="checkbox"/> Weight loss	<input type="checkbox"/> Fatigue/malaise/lethargy	<input type="checkbox"/> Appetite loss	<input type="checkbox"/> Nausea/vomiting	<input type="checkbox"/> Unexplained fever	<input type="checkbox"/> Night sweats	<input type="checkbox"/> Unexplained pruritus	<input type="checkbox"/> Unexplained persistent infection	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Pallor or other signs of anaemia	<input type="checkbox"/> Unexplained persistent vague symptoms (3≥ consultations)		<input type="checkbox"/> Bone pain	<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Unexplained headache
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- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Fits | <input type="checkbox"/> Weakness | <input type="checkbox"/> Dysphagia |
| <input type="checkbox"/> Ataxia | <input type="checkbox"/> Torticollis | <input type="checkbox"/> Facial nerve weakness |
| <input type="checkbox"/> Behavioural change or deterioration in developmental milestones/school performance | | |

Soft tissue sarcoma

- ☐ Unexplained soft tissue lump

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EXAMINATION

- | | | |
|--|---|---|
| <input type="checkbox"/> Skin lesions/oedema | <input type="checkbox"/> Abdominal mass | <input type="checkbox"/> Unexplained soft tissue lump |
| <input type="checkbox"/> Chest signs | <input type="checkbox"/> Splenomegaly | <input type="checkbox"/> Hepatomegaly |
| <input type="checkbox"/> Unexplained lymphadenopathy | <input type="checkbox"/> Nerve palsy | <input type="checkbox"/> Unexplained bruising |
- ☐ 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)

Summary of discussion with on-call paediatrician and 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/guardian
- ☐ The patient/guardian has been advised and confirmed they will be available for an appointment within 48 hours
- ☐ I have counselled the patient/guardian 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 select leaflet
- ☐ 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)

FBC (most recent recorded in past 3 months)

ESR (most recent recorded in past 3 months)

Pan London Suspected Children's Cancer Referral Form

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(Version: Pan London changes MSW v4.12; 17/11/2017)

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CRP (most recent recorded in past 3 months)

MEDICAL HISTORY

ALLERGIES

MEDICATION