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PAN LONDON SUSPECTED HEAD AND NECK CANCER REFERRAL FORM

Press the <Ctrl> key while you click here to view the Pan London Suspected 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</ctrl>
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:
CADED /VEV MODIVED DETAILS
CARER/KEY WORKER DETAILS
NAME: CONTACTI: 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/GDP DETAILS
USUAL GP/GDP NAME:
PRACTICE NAME: PRACTICE CODE:
PRACTICE ADDRESS:
BYPASS[]:
MAINI: FAX: EMAIL:
REFERRING CLINICIAN /DENTIST:

found NHS no: Error: Reference source not found **CANCER TYPE SUSPECTED** ☐ EAR/NOSE/SINUS ☐ THYROID ☐ LARYNGEAL/PHARYNGEAL ☐ ORAL/LIP ☐ SALIVARY **CLINICAL RISK FACTORS** ☐ Current smoker Pack year [insert number] ☐ Ex-smoker ☐ Oral tobacco use ☐ Alcohol history ☐ HPV ☐ HIV ☐ Previous irradiation to head and neck ☐ Family history of thyroid cancer **REASON FOR SUSPECTED CANCER REFERRAL** Press the <Ctrl> key while you click here to view Pan London Suspected Head and Neck Cancer Referral Guide LARYNGEAL/PHARYNGEAL CANCER Concurrent chest X-ray at time of referral for symptoms including hoarseness and unexplained neck lump to exclude lung /haematological cancer/infectious diseases ☐ Unexplained lump or mass in the neck or throat ≥ 40 years old with persistent unexplained hoarseness (≥ 3 weeks) ≥ 4 weeks of persistent, particularly unilateral, discomfort in the throat or throat pain ≥ 40 years old with ≥ 3 weeks of dysphagia $\square \ge 40$ years old with ≥ 3 weeks of odynophagia ≥ 40 years old with ≥ 3 weeks of otalgia **EAR/NOSE/SINUS CANCER** ☐ Persistent unilateral otalgia ☐ Serosanguinous nasal discharge which persists for more than three weeks

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Error: Reference source not found Error: Reference source not found DOB: Error: Reference source not	
found NHS no:Error: Reference source not found Unilateral nasal obstruction associated with a purulent discharge	
☐ Facial palsy/cranial neuropathies	
☐ Orbital masses	
☐ Severe facial pain	
THYROID CANCER Unexplained solitary thyroid lump	
☐ Ultrasound suggestive of a thyroid cancer	
ORAL/LIP	
≥ 3 weeks unexplained ulceration in the oral cavity	
Suspicious lump/mass on the lip or in the oral cavity	
A red or red and white patch in the oral cavity suggestive of leukoplakia or erythroleukoplakia	
Tooth mobility not associated with periodontal disease	_
	Ш
Poor healing ≥ 3 weeks post tooth extraction	
SALIVARY CANCER	_
	Ш
≥ 40 years old with unexplained or persistent parotid or submandibular swelling	
Firm sub-monard condition to the end of the	
Firm sub-mucosal swelling in the oral cavity	
Referral is due to CLINICAL CONCERNS that do not meet NICE/pan-London referral criteria (the GP/GDF	
MUST give full clinical details in the 'additional clinical information' box at time of referral)	

found NHS no:Error: Reference source not found 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</ctrl>
☐ 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</ctrl>
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.
tests in the box below.
tests in the box below. IMAGING STUDIES (in past 3 months) Please include date: and location:
IMAGING STUDIES (in past 3 months) Please include date: and location: THYROID FUNCTION (most recent recorded in past 3 months)
IMAGING STUDIES (in past 3 months) Please include date: and location: THYROID FUNCTION (most recent recorded in past 3 months) FULL BLOOD COUNT (most recent recorded in past 3 months)

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