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PAN LONDON SUSPECTED LUNG & PLEURAL 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

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:

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CLINICAL RISK FACTORS

- | | |
|--|---|
| <input type="checkbox"/> COPD | <input type="checkbox"/> Current smoker |
| <input type="checkbox"/> Asbestos exposure | <input type="checkbox"/> Ex-smoker |

PLEASE ARRANGE AN EMERGENCY ADMISSION IF THERE IS EVIDENCE OF SUPERIOR VENA CAVA OBSTRUCTION OR STRIDOR

STRAIGHT TO TEST PATHWAY

All patients must have up to date renal function (within 3 months) as they may be sent for a straight to test CT scan (with contrast) prior to first outpatient appointment.

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

REASON FOR SUSPECTED CANCER REFERRAL

- ☐ Abnormal chest x-ray suggestive of lung cancer or mesothelioma (please attach report)
- ☐ Abnormal CT scan suggestive of lung cancer or mesothelioma (please attach report)
- ☐ Age \geq 40 years with UNEXPLAINED haemoptysis
- ☐ Age \geq 40 years with one or more of the following UNEXPLAINED conditions:
 - ☐ Finger clubbing
 - ☐ Thrombocytosis
 - ☐ Cervical or supraclavicular lymphadenopathy
 - ☐ Chest signs consistent with lung cancer
 - ☐ Persistent or recurrent chest infection
- ☐ Age \geq 40 years with the following UNEXPLAINED symptoms. If smoker/ex-smoker/asbestos exposure ONE symptom is needed. If never smoked/no asbestos exposure TWO symptoms are needed.

<input type="checkbox"/> Cough	<input type="checkbox"/> Wheeze/dyspnoea	<input type="checkbox"/> Weight loss/anorexia
<input type="checkbox"/> Chest/shoulder pain	<input type="checkbox"/> Hoarseness	<input type="checkbox"/> Fatigue
- ☐ Normal chest X-ray but high suspicion of lung cancer
- ☐ Features suggestive of lung cancer metastasis including bone pain, paraneoplastic signs or history of cancer
- ☐ 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)

MANDATORY BOX FOR ALL PATIENTS - WHO PERFORMANCE SCORE

Enter score to establish if patient is suitable for straight to test CT scan prior to first outpatient appointment

- ☐ **0** Fully active, able to carry on all pre-disease performance without restriction.
- ☐ **1** Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light housework, office work.
- ☐ **2** Ambulatory and capable of all self-care but unable to carry out any work activities. The patient is up and about more than 50% of waking hours.
- ☐ **3** Capable of only 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.

Additional clinical information including spirometry results where available:

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
- ☐ 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)

FULL BLOOD COUNT (most recent recorded in past 3 months)

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MEDICAL HISTORY

ALLERGIES

MEDICATION