

Error: Reference source not found Error: Reference source not found DOB: Error: Reference source not found NHS no: Error: Reference source not found

PAN LONDON & SOUTH EAST SARCOMA NETWORK REFERRAL FORM
(FOR SUSPECTED SOFT TISSUE SARCOMA IN CHILDREN PLEASE USE THE PAN LONDON
SUSPECTED CHILDRENS 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.

☐ **SOFT TISSUE**

Royal Marsden Hospital

(All tumour sites)

<http://www.lsesn.nhs.uk/files/contact-details.docx>

☐ **SOFT TISSUE & BONE**

Royal National Orthopaedic Hospital

(Limb & trunk)

<http://www.lsesn.nhs.uk/files/contact-details.docx>

☐ **SOFT TISSUE**

University College London Hospital

(Non-limb/trunk: e.g. head & neck, retroperitoneal, abdominal, urology, breast, skin etc.)

<http://www.lsesn.nhs.uk/files/contact-details.docx>

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:

REASON FOR SUSPECTED CANCER REFERRAL

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

<input type="checkbox"/> SUSPECTED <u>SOFT TISSUE</u> <u>SARCOMA</u> IN ADULTS ALL SUSPECTED SOFT TISSUE SARCOMA IN CHILDREN SHOULD BE REFERRED TO THE LOCAL PAEDIATRIC SERVICE USING THE PAN LONDON SUSPECTED CHILDRENS CANCER REFERRAL FORM <div> Press the <Ctrl> key while you click here to view Pan London Suspected Children's Cancer Referral Guide </div>	<input type="checkbox"/> SUSPECTED PRIMARY <u>BONE</u> <u>SARCOMA</u> IN CHILDREN AND ADULTS
Specific body site: <input type="checkbox"/> Refer the patient to a Sarcoma Diagnostic Service with a soft tissue mass which has one or more of the following features: <input type="checkbox"/> Increasing in size <input type="checkbox"/> Deep to fascia <input type="checkbox"/> Painful <input type="checkbox"/> Fixed/immobile <input type="checkbox"/> > 5cm in size <input type="checkbox"/> Imaging that suggests soft tissue sarcoma <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Recurrence following excision (please specify): <input type="checkbox"/> Normal or equivocal ultrasound but high clinical suspicion of sarcoma	Specific body site: <input type="checkbox"/> Refer the patient to a Sarcoma Diagnostic Service with an x-ray that is suspicious and showing the following features: <input type="checkbox"/> Spontaneous fracture <input type="checkbox"/> Bone destruction <input type="checkbox"/> New bone formation <input type="checkbox"/> Periosteal elevation <input type="checkbox"/> Normal or equivocal x-ray but high clinical suspicion of bone sarcoma <input type="checkbox"/> Bone swelling or tenderness <input type="checkbox"/> Bone pain (including night pain and pain not responding to simple analgesia)

Error: Reference source not found Error: Reference source not found DOB:Error: Reference source not found NHS no:Error: Reference source not found

<input type="checkbox"/> 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)	<input type="checkbox"/> 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)	
IMAGING INVESTIGATIONS (please attach or send with form)		
Investigation	Location of imaging department	Date of investigation
<input type="checkbox"/> X-RAY		
<input type="checkbox"/> USS		
<input type="checkbox"/> CT		
<input type="checkbox"/> MRI		

Additional clinical information:

Personal/relevant patient information:

Past history of cancer:

Relevant family history of cancer:

<input type="checkbox"/> I have discussed the possible diagnosis of cancer with the patient <input type="checkbox"/> The patient has been advised and confirmed they will be available for an appointment within the next two weeks <input type="checkbox"/> 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 <input type="checkbox"/> 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.

HISTOLOGY REPORTS Please include date: and location of laboratory:

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

Error: Reference source not found Error: Reference source not found DOB:Error: Reference source not found NHS no:Error: Reference source not found

RENAL FUNCTION (most recent recorded in past 3 months)

MEDICAL HISTORY

ALLERGIES

MEDICATION