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PAN LONDON SUSPECTED SKIN 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:

RISK FACTORS for melanoma or squamous cell carcinoma

- | | | |
|---|--|---|
| <input type="checkbox"/> Photo-damaged skin | <input type="checkbox"/> Previous skin cancer | <input type="checkbox"/> Family history |
| <input type="checkbox"/> Organ transplant | <input type="checkbox"/> Immunosuppressive therapy | |

REASON FOR SUSPECTED CANCER REFERRAL

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

LOCATION OF LESION:**REASON FOR REFERRAL:**

PHOTODERMATOLOGY (please attach image in INVESTIGATIONS section; with appropriate consent)

Press the <Ctrl> key while you click here to go to photodermatology investigations below to attach image

MELANOMA

- ☐ Suspected melanoma based on scoring system below:

Refer using a suspected cancer pathway referral for melanoma (for an appointment within two weeks) in patients with a suspicious pigmented skin lesion with a weighted 7-point checklist score of 3 or more.

Each major feature scores 2 points. Each minor feature scores 1 point.

Tick the relevant boxes below as they apply to the patient and add up the score.

Major Features of the lesions (scoring 2 points each):

- | | | |
|---|--|---|
| <input type="checkbox"/> Change in size | <input type="checkbox"/> Irregular shape | <input type="checkbox"/> Irregular colour |
|---|--|---|

Minor Features of the lesions (scoring 1 point each):

- | | | |
|--|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Largest diameter 7 mm or more | <input type="checkbox"/> Oozing | <input type="checkbox"/> Inflammation |
| <input type="checkbox"/> Change in sensation | | |

TOTAL SCORE: (refer if score ≥ 3)

- ☐ Pigmented or non-pigmented skin lesion suggesting nodular melanoma
- ☐ Dermoscopy shows features suspicious of melanoma
- ☐ Proven melanoma on histology

SQUAMOUS CELL CARCINOMA

- ☐ Suspected squamous cell carcinoma
- ☐ Proven squamous cell carcinoma on histology

BASAL CELL CARCINOMA

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- ☐ **Suspected basal cell carcinoma with specific concerns including a rapidly growing lesion on the eyelid, lip margin or nose (not the same as T zone)**

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

- ☐ **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)**

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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

☐ 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.

PHOTODERMATOLOGY (please attach image; with appropriate consent)

Select the text within this box and then insert your image

Select the text within this box and then insert your image

HISTOLOGY REPORTS Please include date: and location of laboratory:

MEDICAL HISTORY

ALLERGIES

MEDICATION