**Pan London Suspected skin Cancer Referral Form**

[**TOP TIPS**](https://www.transformationpartners.nhs.uk/wp-content/uploads/2024/04/top-tips-for-skin-tumours.pdf)  
**Skin urgent referrals**

**Referral should be sent via e-RS with this form attached within 24 hours**

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| Surname: «PATIENT\_Surname» | First name: «PATIENT\_Forename1» |
| Referral date: «SYSTEM\_Date» | NHS number: «PATIENT\_Current\_NHS\_Number» |
| Patient’s hospital of choice: [     ] [Click here to access the Hospitals Directory](https://www.transformationpartners.nhs.uk/programmes/cancer/early-diagnosis/two-week-wait-referral-repository/london-hospitals-taking-referrals-for-urgent-suspected-cancers/) | |

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| 1. **REASON FOR REFERRAL – ESSENTIAL**   *See* [Pan London Suspected Skin Cancer Referral Guide](https://www.transformationpartners.nhs.uk/usc-skin-cancer-clinical-guide/) | |
| ***Please record below the history and findings on physical examination and why you feel the patient may have cancer:*** | |
| **Location of lesion and side of body:**       **Duration of lesion:** | |
| **The lesion is:** New  Changed in the last 3 months  Neither | |
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| 1. **TYPE OF SKIN CANCER SUSPECTED AND SPECIFIC CRITERIA MET – ESSENTIAL**   ***If referring for more than one lesion, please make this clear in Section 1. This pathway is not for skin checks.*** | |
| **Meets urgent referral criteria for suspected MELANOMA:** | |
| 1. **Weighted 7-item checklist - refer with score of 3 or more**   **2 Points for each of the following for pigmented skin lesion with:**  Change in size  Irregular shape  Irregular colour  **1 Point for each of the following for pigmented skin lesion with:**  Largest diameter 7mm or more  Oozing  Inflammation  Change in sensation  **Total score:**      **/10** | 1. **Refer if any criteria below met:**   Skin lesion suggesting nodular melanoma  Dermoscopic appearances suggest melanoma  Proven melanoma on histology |
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| **Meets urgent referral criteria for suspected SQUAMOUS CELL CARCINOMA:**  ***This pathway is not for Actinic Keratoses and Bowen’s; these should be referred routinely or via teledermatology.*** | |
| Suspected squamous cell carcinoma Proven squamous cell carcinoma on histology | |
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| **Meets urgent referral criteria for suspected BASAL CELL CARCINOMA:**  ***Refer routinely or via teledermatology for BCC at sites other than eyelid/lip/ nose, unless there are specific concerns.*** | |
| Suspected basal cell carcinoma with specific concerns including rapidly growing lesion **on eyelid, lip margin or nose** | |
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| Referral is due to **clinical concerns that do not meet above criteria *(Please expand in Section 1 above)*** | |

***Complete Section 3 if patient meets criteria for local Teledermatology service, refer to appropriate clinic on e-RS***

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| 1. **PATIENT APPROPRIATE FOR TELEDERMATOLOGY**   ***Please check local teledermatology referral pathway Please confirm ALL criteria below are met*** |
| >18 years old  < 3 lesions of concern  Not on genital / intimate area  Has capacity to consent |
| Locator photograph attached with lesion of concern, clearly marked  ***Ideally insert arrow on image file making clear which lesion/s you are concerned about*** |

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| **Risk Factors:** |
| Sun damage  Previous skin cancer  >100 moles  Immunosuppressed  Family history skin cancer  None |

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| 1. **INFORMATION FOR HOSPITAL ASSESSMENT – ESSENTIAL** | |
| **WHO Performance status** | |
| **0** Fully active  **1** Restricted physically but ambulatory and able to carry out light work  **2** Ambulatory more than 50% of waking hours; able to carry out self-care  **3** 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 | |
| **Other access needs -** *please detail per the selected options in the field below* | |
| Interpreter required If Yes, Language:  Transport required  Wheelchair access required  NO ACCESS ISSUES | Cognitive impairment including dementia  Learning disability ([see London LD contacts](https://www.england.nhs.uk/london/london-clinical-networks/our-networks/learning-disabilities/publications/))  Mental health issues that may impact on engagement  SMI |
| Details of learning disabilities, access needs and reasonable adjustments: | |
| **Key clinical information to aid triage and assessment** | |
| On anticoagulant medicationPacemaker/cardiac device Blood born virusPregnant Breastfeeding | |
| Details of above if any boxes ticked: | |

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| 1. **ADDITIONAL IMPORTANT CLINICAL INFORMATION** |
| Past history of cancer: |
| Relevant family history of cancer: |
| Safeguarding concerns: |
| Other relevant information about patient’s circumstances: |
| Patient referred/previously investigated for similar symptoms at other hospital/service?  No  Yes, please give details: |

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| I have discussed the **possible diagnosis of cancer** with the patient [(Patient Information Resources)](https://www.healthylondon.org/our-work/cancer/early-diagnosis/two-week-wait-referral-repository/suspected-cancer-referrals/patient-information-leaflets/) |
| I have advised the patient to **prioritise this appointment & confirmed they’ll be available within the next 28 days** |
| The patient has been advised that the hospital care **may contact them by telephone** |
| Patient added to the practice **safety-netting system** and practice will review by DDMMYY *(manual entry)* |

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| 1. **REFERRER DETAILS** | |
| Usual GP name: «PATIENT\_Usual\_GP» | Referring clinician: «REFERRAL\_Clinician» |
| Practice code: | Practice address: «PRACTICE\_House» «PRACTICE\_Road», «PRACTICE\_Locality», «PRACTICE\_Town», «PRACTICE\_Postcode» |
| Practice name: «PRACTICE\_Name» | Email: |
| Main Tel: «PRACTICE\_Main\_Comm\_No» | Practice bypass numbers can be found using the  [NHS Service Finder website](https://servicefinder.nhs.uk/) |

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| 1. **PATIENT DETAILS** | |
| Surname: «PATIENT\_Surname» | First name: «PATIENT\_Forename1» |
| NHS number: «PATIENT\_Current\_NHS\_Number» | Title: «PATIENT\_Title» |
| Gender on NHS record: «PATIENT\_Sex» | Gender Identity:       ***(manual entry)*** |
| Ethnicity: | |
| DOB: «PATIENT\_Date\_of\_Birth» | Age: «PATIENT\_Age» |
| Patient address: «PATIENT\_House» «PATIENT\_Road», «PATIENT\_Locality», «PATIENT\_Town», «PATIENT\_Postcode» | |
| Daytime contact Tel: **Work:** «PATIENT\_Main\_Comm\_No» **Home:** «PATIENT\_Alt\_Comm\_No» **Mobile:** «PATIENT\_Mobile\_No» | |
| Email: | |
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| **Carer/ key worker details:** | |
| Name: | Contact Tel: |
| Relationship to patient: |  |

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| 1. **CONSULTATIONS, PAST MEDICAL HISTORY, MEDICATIONS AND INVESTIGATIONS** | |
| ***Please note: You will need to add pending test results, requests and relevant excluded medical history (e.g. trans history, sexual health, private patients) manually in the text boxes below.*** | |
| Consultations:  «CURRENT\_CONSULTATION» | |
| Medical history:  «MEDICAL\_HISTORY» | |
| Medication:  «REPEATS» | |
| Allergies:  «DRUG\_ALLERGY» | |
| Imaging studies (in the past 12 months): Date:        Location: | |
| Test results pending (type of investigation):       Trust / Organisation:       Date: | |
| All Values and Investigations (in the past 6 months): | |
| BMI (latest):  «PATIENT\_BMI» |
| Weight (last three):  «PATIENT\_Weight» |
| Blood Pressure (latest):  «PATIENT\_BP» |
| Safeguarding history: | |
| Learning disability: | |
| Use of wheelchair: | |
| Accessible Information Needs (AIS): | |

*The content of these forms will be reviewed as part of regular cancer auditing.*

*Contact* [England.TCSTLondon@nhs.net](mailto:England.TCSTLondon@nhs.net) *to report any issues with this form.*

*DO NOT send referral forms with patient identifiable information to this email address.*