2WW Referral for Head and Neck (adult)

Fax to 01226 435478

Date of GP decision to refer: $_ /_ /$

email to barnsley.tww@nhs.net

DATIENT DETAILS - places provide multiple contact details		CD/Clinitian Dataila
PATIENT DETAILS – pieds	e provide multiple contact details	GP/Clinician Details
Last name:	First name:	GP/Clinician name and initials:
		Practice code:
Gender: M / F DOB:	/ / Ethnicity	
NHS No:		Address:
		Address.
Address:		
		Telephone No:
Telephone No (Day):	Telephone No (Evening):	Fax No:
Mobile No:		Practice email address:
Contact details are accurate: Y 🗆 N 🗆		
Patient agrees to telephone message being left: Y 🗆 N 🗆		
Ambulance booking required: Y \Box N \Box		
Email:		
Language:	Interpreter: Y 🗆 N 🗆	
	• –	
Dentist Details (complete if referral is from a dentist)		

Dentist name and initials:	
Practice Name:	
Practice Address:	
Telephone No:	
Fax No:	
Practice email address:	

Referral Criteria

The criteria are compliant with 2015 NICE guidelines for referring those with suspected cancer and not a substitute for your own clinical judgement or taking specialist professional advice as appropriate.

Performance Status (Adult) A WHO classification indicating a PERSON's status relating to activity/disability.

Please Tick

	0	Able to carry out all normal activity without restriction	
	1	Restricted in physically strenuous activity, but able to walk and do light work	
	2	Able to walk and capable of all self-care, but unable to carry out any work. Up and about more than 50% of waking hours	
ſ	3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours	
	4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair	

Urgent referrals criteria (tick category) – ALL referrals must be accompanied by up to date (strictly within last 28 days) U+E, FBC to allow timely onward investigation

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Thyroid Cancer	Thyroid Cancer – risk factors (tick if applies)		
2WW referral for unexplained thyroid lump	Over 55yrs. with a neck lumpPrevious neck irradiationFH of endocrine tumoursFH of thyroid tumours		
Thyroid lump – additiona	al features (tick if applies)		
Stridor associated with thyroid lump Thyroid lump rapidly enlarging over 2-4 weeks Unexplained hoarseness or voice change with thyroid lump Cervical lymphadenopathy with a thyroid lump New thyroid lump in those aged 55 yrs. and over 	(This is an Emergency – please contact Mr Wickham (H+N Consultant) on Tel: 07885 650949 OR the on-call ENT team at BHNFT)		
Larynge	al Cancer		
2WW referral for patients 45 years old and over with either : Persistent unexplained hoarseness O	R Unexplained lump in the neck 🗆		
Oral	cancer		
2WW referral for patients with any of the following : Unexplained ulceration in oral cavity lasting for more than 3 weeks Unexplained lump on the lip or in the oral cavity	Persistent unexplained lump in the neck		
Oral cancer – additional features (tick if applies)			
A red or white patch on the oral mucosa +/- pain, bleeding or swelling $\qedsymbol{\square}$	Ulcer or mass on oral mucosa for more than 3 weeks $\hfill \square$		
Unexplained tooth mobility for more than 3 weeks	Sensory loss – lip or tongue		
Head and Neck cancer – add	litional 2ww referral reasons		
Stridor and increasing dysphagia	Otalgia		
Persistent swelling of submandibular or parotid gland	tent painful sore throat especially if unilateral $\ \square$		
Unilateral nasal obstruction and discharge Unilateral nasal discharge in people aged over 50 yrs.			
Unilateral otitis media with effusion in people aged over 50 yrs. $\ \square$	Orbital masses 🗆		
Head and Neck Cancer – risk factors (tick if applies)			
45 yrs. or older Unintentional weight loss (> 3kg in 6 weeks) Previous surgery (Head, neck, mouth)			
Smoker \Box No. of cigarettes per day =Alcohol \Box No. of units per week =			

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Relevant Investigations	History and examination findings
	Duration of presenting symptoms:
Past Medical History	
Active problems:	
	Current Medications
Consultations:	Anticoagulants Y 🗆 N 🗆
Patient information and support needs	Allergies

	Discussions with patient prior to referral
1.	Has the patient been advised that this referral is to exclude a cancer diagnosis and has a 2WW patient referral leaflet been
	given?
2	Has the patient been given information on their actual appointment, time and place? \Box
3.	······································
	and Hospital know ASAP if they cannot attend?