**Suspected Head and Neck Cancer Referral Form**

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| **Patient Details** |
| Surname:  | Date of Birth:  |
| Forename(s):  | Gender:  |
| Address (inc postcode):  | NHS Number:  |
| Telephone Numbers **Please check tel nos with patient** | Tel No (Home): | Tel No (work): | Tel No (Mobile): |
| **GDP Details** |
| Referring GDP:  | GDP Tel No:  |
| Practice Name:  | Practice Email Address:  |
| Practice Address:  | Date of decision to refer:  |

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| **Patient Information** |
| Does your patient have a learning disability?  | [ ] Yes [ ] No  |
| Is your patient able to give informed consent?  | [ ] Yes [ ] No  |
| Is your patient fit for day case investigation?  | [ ] Yes [ ] No  |
| If a translator is required, please specify language:   |
| Is patient on any of the following medications?  |
| Aspirin  | [ ] Yes[ ] No  | Indication for therapy:  |
| Clopidogrel /Prasugrel etc .  | [ ] Yes [ ] No  | Indication for therapy:  |
| Warfarin  | [ ] Yes [ ] No  | Indication for therapy:  |
| NOAC (Rivaroxaban etc.)  | [ ] Yes [ ] No  | Indication for therapy:  |
| Insulin | [ ] Yes [ ] No  |  |

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| It would be helpful if you could provide performance status information (please tick as appropriate)[ ] Fully active [ ] Able to carry out light work [ ] Up & about 50% of waking time [ ] Limited to self-care, confined to bed/chair 50%[ ] No self-care, confined to bed/chair 100% |

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| Please confirm that the patient is aware that this is a suspected cancer referral: [ ] Yes [ ]  No |
| Date(s) that patient is unable to attend within the next two weeks: *If patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.* |

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| **Level of Cancer Concern** (completion optional) |
| **All patients should meet NICE guidelines for suspected cancer 2015**[ ]  *“I’m very concerned that my patient has cancer”*[ ]  *“I’m unsure, it might well be cancer but there are other equally plausible explanations.”*[ ] *“I don’t think it likely that my patient has cancer but they meet the guidelines.”***Reasons for referring** *Please detail patient and relevant family history, examination and investigation findings, your conclusions and what needs excluding or attach referral letter.* |
| **Referral Criteria** |
| **Suspected Head and Neck Cancer - General:** [ ] An unexplained lump in the neck i.e. of recent onset or a previously undiagnosed lump that has changed over a period of 3 – 6 weeks.[ ] An unexplained persistent swelling in the parotid submandibular or sublingual gland  | **Suspected Thyroid Cancer:** [ ] unexplained thyroid lump (consider)*It would be very helpful if a thyroid function test result less than 8 weeks old could be provided* |
| **Suspected Head and Neck Cancer – Ear, Nose and Throat Origin:** [ ] Persistent unexplained hoarseness ie >3 weeks, with negative chest X-ray (consider)[ ] An unexplained persistent sore throat especially if associated with dysphagia, hoarseness or otalgia [ ] Referred otalgia as a symptom of laryngeal or pharyngeal malignancy[ ] Dysphagia with obstruction in pharynx of cervical oesophagus [ ] Persistent unilateral nasal obstruction with bloody discharge [ ] Unexplained serous otitis media/ effusion in a patient aged over 18  | **Suspected Head and Neck Cancer – Oral Maxillo-Facial Origin** [ ] Unexplained ulceration of the oral cavity or mass persisting for more than 3 weeks (consider)[ ] Unexplained red and white patches (including suspected lichen planus) of the oral cavity particularly if painful, bleeding or swollen (consider).[ ] Oral cavity and lip lesions or persistent symptoms of the oral cavity followed up for six weeks where definitive diagnosis of a benign lesion cannot be made [ ] Non-healing extraction sockets (>4 weeks duration) or suspicious loosening of teeth, where malignancy is suspected (particularly if associated with numbness of the lip)  |
| Please note: unilateral sensorineural hearing loss is not a symptom of head and neck cancer. Please refer patients with this symptom via the normal channels.  |

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| **Clinical Summary** |
| **Clinical History (significant past and current medical history):**  |
| **Current medication:**  |
| **Blood Tests (if available – last 3 months):**  |
| **Allergies:**  |
| **Smoking:**  |
| **BMI** (if available): |
| **Alcohol** (if available)**:**  |

**Please send this Suspected Head and Neck Cancer - Oral Maxillo-Facial Origin referral to your nearest provider:-**

**If you are emailing the referral please only use your NHS email account and request a read receipt.**

**Royal Devon & Exeter Hospital Email:** **rde-tr.opafasttrackteam@nhs.net** **No Fax available**

**North Devon District Hospital Email:** **ndht.cancerbookings@nhs.net** **No Fax available**

**Derriford Hospital** **Email:** **plh-tr.RK9Cancer2WW@nhs.net** **Fax: 01752 430912**

**Torbay Hospital Email:** **tsdft.headandneck2ww@nhs.net** **No Fax available**

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| **For Hospital to complete: NHS No: Received Date:** |