|  |  |  |
| --- | --- | --- |
| **Referral Date:** | **Priority:** | **NHS Number:** |
| **Short date letter merged** | **Suspected Cancer Referral** | **NHS Number** |

**Priority**

**Patient Details / Contact Information**

|  |  |  |
| --- | --- | --- |
| Title: | Forename: | Surname: |
| Title | Given Name | Surname |
| Date of Birth: | Gender: | Ethnicity: |
| Date of Birth | Gender(full) | Ethnic Origin |
| Address: | Home Telephone Number: | Email: |
| Home Full Address (stacked) | Patient Home Telephone | Patient E-mail Address |
| OR Mobile Telephone Number: | Text Message Consent: |
| Patient Mobile Telephone | Yes  No |
| Preferred Contact Time: | Interpreter Required: | Preferred Language: |
|  | Yes  No |  |

**Referrer / Practice Details**

|  |  |  |
| --- | --- | --- |
| Referring Name: | Referrer Code: | Practice Code: |
|  |  | Registered GP Organisation National Practice Code |
| Registered GP: | Surgery Name: | Surgery Address: |
| Registered GP Full Name | Registered GP Organisation Name | Registered GP Organisation Full Address (single line) |

**Mandatory Information - *may be returned if not complete***

**Most patients will have investigations prior to having an appointment or during their first hospital visit. It is therefore important that patients are prepared for this and aware of the reason for their referral. Please ensure the mandatory information below is provided and all relevant investigations are completed and attached.**

**Yes No**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Has the patient been informed they are on a suspected cancer pathway, given appropriate support and advised they need to be available **at any time** within the next two weeks? | | | | | | |  |  | | |
| If no, please explain why: | | |  | |  | |
| 2. | | Have you ensured that the telephone contact details are correct? | | | | | |  |  | | |
|  | Landline Number:  OR Mobile Number: | | |  | |  | |
|  | |
| 3. | Have you told your patient they may have appointments and tests arranged at any hospital across Greater Manchester? | | | | | | |  |  | | |
| 4. | Accurate functional status is needed to assess the most appropriate investigation and treatment.  Please select a score from one of the following and enter in the score field: | | | | | | | Score: | | | |
| Rockwood Score 1-3 | | Managing Well. Not limited by any comorbidities | | | | |
| Rockwood Score 4 | | Vulnerable, not dependent, symptoms limit activities | | | | |
| Rockwood Score 5 | | Mildly frail, evident slowing, need help with daily activities | | | | |
| Rockwood Score 6 | | Moderately frail, need help with all outside activities and bathing | | | | |
| Rockwood Score 7-8 | | Severely frail, completely dependent for personal care | | | | |
| Rockwood Score 9 | | Terminally ill, life expectancy of <6 months | | | | |
| 5. | | Are there any concerns about this patient’s capacity to consent to investigation/treatment? | | | | | |  |  | | | |
| If yes, has the next of kin/advocate been asked to attend? | | | | | |  |  | | | |
| 6. | | Is the patient taking anti-coagulants? | | | | | |  |  | | | |
| If Yes please give details: | | |  | |  |  | | | | |
| 7. | | Is the patient diabetic and taking Metformin? | | | | | |  | | |  | |
| If Yes please give details: | | |  | |  |  | | | | |
| 8. | | Current eGFR of patient:  Recent changes to guidance mean eGFR is no longer required in all patients  If the value is not appearing this has not been recorded in the last 3 months, has the eGFR been requested today in patients:  • with known renal disease (CKD3/4/5 or renal transplant)  • who are diabetic  • on metformin | | | | | | Value: | | | | |
| Single Code Entry: Glomerular filtration rate... | | | | |
| **YES** | | **NO** | | |
| 9. | | **Full Blood Count Requested (FBC)** | | | | | |  | |  | | |
| 10. | | **BMI** | | | | | |  | |  | | |
| 11. | | Does the patient require Translation or Interpretation Services? | | | | | |  | |  | | |
| If Yes, which language: | | |  | |  |  | |  | | |
| 12. | | Please list any other impairment requiring specialist help (for example: deaf, blind etc.) | | | | | | | | | | |
|  | | | | | | | | | | |

**Referral Reason** ***(include relevant family history and previous history of cancer)***

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|  |

**Predominant Symptom YES NO**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Has the patient had an OGD in the past 12 months?** | | | | |  |  |
|  | | **Dysphagia** | | | | |  |  |
|  | | | | | Does food actually stick on swallowing (dysphagia) | |  |  |
|  | | | | | Is swallowing painful (odynophagia) | |  |  |
|  | | | | | Have symptoms been going on more than 6 months | |  |  |
|  | | | | | Is the sticking sensation in the neck (If yes should this be an ENT referral) | |  |  |
|  | | | | | Has the patient lost >3kg | |  |  |
|  | | | | | Do they have acid reflux symptoms (heartburn) | |  |  |
|  |  | | **Reflux or dyspepsia - Please consult Greater Manchester dyspepsia guidelines**  <https://gpexcellencegm.org.uk/resources/guidelines-for-managing-patients-with-dyspepsia-in-primary-care>   |  | | --- | |  | | | | |  | |
|  | | | | | Is the patient less than 55 years old | |  |  |
|  | | | | | Does the patient have heartburn | |  |  |
|  | | | | | Does the patient have nausea | |  |  |
|  | | | | | Has the patient been vomiting | |  |  |
|  | | | | | Does the patient complain that they get full very easily (early satiety) | |  |  |
|  | | | | | How long have the symptoms been a problem? |  | years       months       weeks | |
|  | | | | | Has the patient lost >3kg? | |  |  |
|  | | | | **Abdominal pain** | | |  |  |
|  | | | | | Is there pain in the upper abdomen | |  |  |
|  | | | | | Has the patient lost >3kg | |  |  |
|  | | | | **Is there a palpable mass in the upper abdomen** | | |  |  |
|  | | | | **Has the patient had haematemesis** | | |  |  |

**Consultations**

Consultations

**Pathology**

**Sodium:** Single Code Entry: Serum sodium

**Potassium:** Single Code Entry: Serum potassium

**Total Chol:** Single Code Entry: Serum total cholesterol level

**LDL Chol:** Single Code Entry: Serum LDL cholesterol level

**HDL Chol:** Single Code Entry: Serum HDL cholesterol level

**WCC:** Single Code Entry: Total white cell count

**Platelet Count:** Single Code Entry: Platelet count

**MCV:** Single Code Entry: Mean corpuscular volume (MCV)

**Urea**: Single Code Entry: Serum urea level

**Creatinine:** Single Code Entry: Serum creatinine

**eGFR:** Single Code Entry: Glomerular filtration rate...

**Bilirubin Level:** Single Code Entry: Serum bilirubin level

**Folate:** Single Code Entry: Blood folate

**Ferritin:** Single Code Entry: Serum ferritin

**HAEMOTOLOGY**

**Haemoglobin:** Haemoglobin

**ALT:** ALT

**Blood Glucose:** Blood Glucose

**Alkaline Phosphatase:** Alkaline Phosphatase

**RADIOLOGY**Radiology

**DIABETIC CONTROL**

**HbA1c: Single Code Entry: Haemoglobin A1c level – IFCC standardised**

**THYROID FUNCTION**

**T4:** Single Code Entry: Serum free T4 level

**TSH:** Single Code Entry: Serum TSH level

**HEALTH PROFILE**

Problems

Medication

Allergies

Family History

Alcohol Consumption

Smoking

Weight

Height

BMI

Blood Pressure

**Long Term Conditions**

**IHD:** Single Code Entry: Ischaemic heart disease

**Diabetes:** Single Code Entry: Diabetes mellitus...

**Hypertension:** Single Code Entry: Essential hypertension

**Epilepsy:** Single Code Entry: Epilepsy

**Stroke/TIA:** Single Code Entry: Cerebrovascular disease

**Parkinson’s:** Single Code Entry: Parkinson's disease

**Dementia:** Single Code Entry: Senile dementia...

**COPD:** Single Code Entry: Chronic obstructive pulmonary disease

**CKD:** Single Code Entry: Chronic kidney disease stage 1 with proteinuria...   
**Neoplasms:** Single Code Entry: Neoplasms

**Contraception (please check medication screen for items that may not have filtered through)**

Single Code Entry: Prescribed post-coital OCP