

Suspected Cancer Referral for Head & Neck, ENT and



Maxillofacial Surgery

SCR Referral for all patients over the age of 16 years

Priority

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

Patient Details / Contact Information

| | | | |
|---|---|---|------------------------------|
| Title: Title | Forename: Given Name | Surname: Surname | |
| Date of Birth: Date of Birth | Gender: Gender(full) | Ethnicity: Ethnic Origin | |
| Address: Home Full Address (stacked) | Home Telephone Number: Patient Home Telephone | Email: Patient E-mail Address | |
| Carer Status: | OR Mobile Telephone Number: Patient Mobile Telephone | Text Message Consent: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Preferred Contact Time: | Interpreter Required: Yes <input type="checkbox"/> No <input type="checkbox"/> | Preferred Language (written): | Preferred Language (spoken): |

Referrer / Practice Details

| | | |
|--|---|---|
| Referring Name: Current User | Referrer Code: | Practice Code: Registered GP Organisation National Practice Code |
| Registered GP: Registered GP Full Name | Surgery Name: Registered GP Organisation Name | Surgery Address: Registered GP Full Address (stacked) |
| Surgery Telephone Number: Organisation Telephone Number | Generic Surgery Email Address: Organisation E-mail Address | |

Mandatory Information – will 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: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Can the patient be contacted by telephone? If yes, have you ensured that the telephone contact details are correct? Landline Number: <input type="text"/> OR Mobile Number: <input type="text"/> If NO, why and what is the preferred method of contact? <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Can the patient be contacted by letter? Please expand below, if needed e.g. "Yes, but in preferred language", "Yes, but letter to be sent to GP Practice", etc. | <input type="checkbox"/> | <input type="checkbox"/> |

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| | <input type="text"/> | | |
| 4. | Have you told your patient they may have appointments and tests arranged at any hospital across Greater Manchester? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | 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: <input type="text"/> | |
| | Rockwood Score 1-3 Managing Well. Not limited by any comorbidities | | |
| | Rockwood Score 4 Vulnerable, not dependant, 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 | | |
| 6. | Are there any concerns about this patient's capability to consent to investigation/treatment? If Yes, has the next of kin/advocate been asked to attend? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Is the patient taking anti-coagulants? If Yes please give details: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Is the patient diabetic and taking Metformin? If Yes please give details: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Current eGFR of patient: Recent changes to guidance mean eGFR is <u>no longer required in all patients</u>. If the value is not appearing this has not been recorded in the last 3 months, therefore has the eGFR been requested today in patients: <ul style="list-style-type: none"> - with known renal disease (CKD 3/4/5 or renal transplant) - who are diabetic - who are on metformin | Value: Single Code Entry: GFR (glomerular filtration rate) calculated by abbreviated Modification of Diet in Renal Disease Study Group calculation... | |
| | | Yes | No |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | BMI | Value: <input type="text"/> | |
| 11. | Does the patient require Translation or Interpretation Services? If Yes, which language: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Does the patient have any other health conditions, impairments or access requirements that may require support? (e.g. physical/learning disability): <input type="text"/> | | |

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

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At least 1 box must be ticked

LATERAL NECK LUMP (e.g. lymph node, salivary gland)

Yes

No

- Unexplained neck lump persistent for more than 3 weeks

THYROID LUMP (midline lump, moves with swallowing)

Yes

No

- Unexplained thyroid lump

SUSPICIOUS HEAD AND NECK OR THROAT SYMPTOM

Yes

No

THROAT & EAR

- Any patient with unexplained persistent throat pain
- Unexplained unilateral pain in the head and neck areas for more than 3 weeks, excluding ear infection
- Dysphagia above sternal notch

Unilateral tinnitus and hearing loss should NOT be referred as suspected cancer

LARYNX

- Aged 45 and over with persistent unexplained hoarseness
- Stridor **CONSIDER EMERGENCY REFERRAL VIA ED** (difficulty breathing on inspiration suggestive of upper airway obstruction n.b. not snoring or sleep apnoea)

NASAL / FACIAL

- Unilateral blood-stained nasal discharge
- Orbital or facial mass

UNEXPLAINED PERSISTENT CRANIAL NERVE PALSY (not tinnitus, hearing loss, anosmia, visual loss)

- Hemi-tongue paralysis
- Facial palsy not resolving after 6 weeks
- Unexplained hemi-facial numbness
- Oculomotor palsy with unilateral nasal obstruction or a purulent/bloody discharge

ORAL CANCER

Yes

No

- Unexplained ulceration in oral cavity for more than 3 weeks
- Lump on lip or oral cavity
- Red or red and white patch in oral cavity consistent with erythroplakia or erythroleukoplakia

Consultations

Consultations

Pathology

| | | | | | |
|-------------------|--|--------------------|---|-----------------|---|
| Sodium | Single Code Entry: Serum sodium level | Total Chol. | Single Code Entry: Serum total cholesterol level | WCC | Single Code Entry: Total white cell count... |
| Potassium | Single Code Entry: Serum potassium level | LDL Chol. | Single Code Entry: Serum low density lipoprotein cholesterol level | Plat | Single Code Entry: Platelet count... |
| Urea | Single Code Entry: Serum urea level | HDL Chol. | Single Code Entry: Serum high density lipoprotein cholesterol level | MCV | Single Code Entry: MCV - Mean corpuscular volume... |
| Creatinine | Single Code Entry: Serum creatinine level... | Folate | Single Code Entry: Serum folate level | Ferritin | Single Code Entry: Serum ferritin level |
| eGFR | Single Code Entry: Glomerular filtration rate... | Bilirubin | Single Code Entry: Serum bilirubin level | | |

Haematology

Haemoglobin: Haemoglobin

Haemoglobin estimation: Single Code Entry: Haemoglobin estimation

ALT: ALT

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Blood Glucose: Blood Glucose
Alkaline Phosphatase: Alkaline Phosphatase

Radiology

Radiology: Radiology

Diabetic Control

HbA1c: HbA1c

Thyroid Function (if applicable)

T4 / TSH Test (to ensure this is not repeated unnecessarily in secondary care)

T4: Single Code Entry: Serum free T4 level

TSH: Single Code Entry: Serum TSH (thyroid stimulating hormone) level

Health Profile

Problems
 Medication
 Allergies
 Family History
 Alcohol Consumption
 Smoking
 Weight
 Height
 BMI
 Blood Pressure

Long Term Conditions

IHD: Single Code Entry: Aortocoronary artery bypass graft repeated...
Diabetes: Single Code Entry: Diabetes mellitus without complication...
 Single Code Entry: Diabetes mellitus type 1 with ketoacidotic coma...
Hypertension: Single Code Entry: Hypertensive disease...
Epilepsy: Single Code Entry: Recurrent complex partial epilepsy...
Stroke/TIA: Single Code Entry: Anterior cerebral artery syndrome...
Parkinson's: Single Code Entry: Parkinson's disease...
Dementia: Single Code Entry: Circumscribed cerebral atrophy...
COPD: Single Code Entry: Acute vesicular emphysema...
CKD: Single Code Entry: Chronic kidney disease stage 4...
Neoplasms: Single Code Entry: [X]Additional neoplasm classification terms...
 Single Code Entry: Neuroblastoma of central nervous system...

Contraception

FOR FEMALE PATIENTS ONLY
 (please check medication screen for items that may not have filtered through)

Single Code Entry: Prescribed postcoital oral contraceptive pill...