

# Suspected Cancer Referral for Lower GI

(Colorectal)

SCR Referral for all patients over 16

## Priority

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

## 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
Carer status	OR Mobile Telephone Number:	Text Message Consent:
	Patient Mobile Telephone	Yes <input type="checkbox"/> No <input type="checkbox"/>
Preferred Contact Time:	Interpreter Required	Preferred Language (written and spoken)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Referrer / Practice Details

Referring Name:	Referrer Code:	Practice Code:
Current User		Registered GP Organisation National Practice Code
Registered GP:	Surgery Name:	Surgery Address:
Registered GP Full Name	Registered GP Organisation Name	Organisation Full Address (single line)
Surgery Telephone Number:	Generic Surgery Email Address:	
Organisation Telephone Number	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 <b>at any time</b> 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, what is the preferred method of contact? <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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"/>
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:	
	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		
6.	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?	<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 no longer required in all patients for CT, however <b>it is still needed prior to colonoscopy</b>  If the value is not appearing this has not been recorded in the last 3 months, has the eGFR been requested today	Value: Single Code Entry: Glomerular filtration rate...	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.	<b>Full Blood Count Requested (FBC)</b>	<input type="checkbox"/>	<input type="checkbox"/>
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 patients have any other health conditions, impairments or access requirements that may require support?: <input type="text"/>		
13.	Previous colonoscopy (please attach report)	<input type="checkbox"/>	<input type="checkbox"/>

**Please complete a FIT before making the referral and attach the result**

Referral Criteria:	<ul style="list-style-type: none"> <li>▪ rectal mass</li> <li>▪ unexplained anal mass or ulceration</li> <li>▪ positive FIT</li> </ul>
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**Referral Reason (include relevant family history and previous history of cancer)**

**Please attach the FIT results to this referral along with narrative below**

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Please include results of abdominal and rectal examination

**If you are unable to provide a FIT result, please indicate why:**

## 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

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**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



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