

Suspected Cancer Referral for Paediatric



SCR Referral for all patients under the age of 16 years

Priority

Referral Date: Short date letter merged	Priority: Suspected Cancer Referral	NHS Number: NHS Number
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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
No fixed abode? Yes <input type="checkbox"/>	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.

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?	<input type="checkbox"/>	<input type="checkbox"/>

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	Please expand below, if needed e.g. "Yes, but in preferred language", "Yes, but letter to be sent to GP Practice", etc. <input type="text"/>		
4.	Has the parent / guardian been asked to attend the appointment?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you informed the parent / guardian that appointments and tests may be arranged at any hospital across Greater Manchester?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the patient require Translation or Interpretation Services? If Yes, which language: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does the patient have any other health conditions, impairments or access requirements that may require support (e.g. physical/learning disability)?: <input type="text"/>		
8.	Please list any safeguarding concerns (if any): <input type="text"/>		

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

Please refer children age 10-16y with breast lumps to the breast service.

Referral Information

Paediatric cancer can be aggressive and may need immediate assessment.

Discuss children with the following symptoms **immediately** with the on-call paediatrician:

- Hepato-splenomegaly
- Leukaemia on FBC
- Abdominal mass
- Unexplained bruising
- Mediastinal mass or hilar mass on CXR
- Signs of raised intracranial pressure with a possible brain tumour

Discuss children with any of the other symptoms listed below **urgently** (same day) with the Paediatricians at your local hospital. They will help you arrange urgent admission, assessment, or out-patient appointment as appropriate.

Please complete this proforma and send with the child.

Patient discussed with:

Outcome of discussion	Yes	No
Admission	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric assessment unit	<input type="checkbox"/>	<input type="checkbox"/>
Out-patient (send form via normal referral systems)	<input type="checkbox"/>	<input type="checkbox"/>

Cancer Suspected	Symptoms	Clinical Findings
<input type="checkbox"/> Leukaemia	<input type="checkbox"/> Bone pain	<input type="checkbox"/> Abnormal blood count
<input type="checkbox"/> Brain tumour	<input type="checkbox"/> Behavioural changes	<input type="checkbox"/> Abdominal mass
<input type="checkbox"/> Lymphoma	<input type="checkbox"/> Fatigue, lethargy	<input type="checkbox"/> Unexplained bruising
<input type="checkbox"/> Neuroblastoma	<input type="checkbox"/> Unexplained fever	<input type="checkbox"/> Hepatomegaly
<input type="checkbox"/> Wilm's tumour	<input type="checkbox"/> Haematuria	<input type="checkbox"/> Splenomegaly

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<input type="checkbox"/>	Bone tumour	<input type="checkbox"/>	Weight Loss	<input type="checkbox"/>	Lymphadenopathy
<input type="checkbox"/>	Soft tissue sarcoma	<input type="checkbox"/>	Headache, vomiting, ataxia	<input type="checkbox"/>	Neurological signs
<input type="checkbox"/>	Retinoblastoma	<input type="checkbox"/>	Significant parental concern - Please specify: <input type="text"/>	<input type="checkbox"/>	Pallor, signs of anaemia
<input type="checkbox"/>	Other – please specify: <input type="text"/>	<input type="checkbox"/>	Other – please specify: <input type="text"/>	<input type="checkbox"/>	Soft tissue mass
				<input type="checkbox"/>	Other – please specify: <input type="text"/>

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
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

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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...