

Suspected Cancer Referral for Upper Gastrointestinal



(Including Oesophageal and Stomach)

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
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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	
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): <input type="text"/>	Preferred Language (spoken): <input type="text"/>

Referrer / Practice Details

Referring Name: Current User	Referrer Code: <input type="text"/>	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.	Full Blood Count Requested (FBC)	<input type="checkbox"/>	<input type="checkbox"/>
11.	BMI	Value: <input type="text"/>	
12.	Does the patient require Translation or Interpretation Services? If Yes, which language: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	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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Predominant Symptom	Yes	No
▪ Has the patient had an OGD in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Dysphagia	<input type="checkbox"/>	<input type="checkbox"/>
▪ Does food actually stick on swallowing (dysphagia)	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is swallowing painful (odynophagia)	<input type="checkbox"/>	<input type="checkbox"/>
▪ Have symptoms been going on more than 6 months	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is the sticking sensation in the neck (If yes should this be an ENT referral)	<input type="checkbox"/>	<input type="checkbox"/>
▪ Has the patient lost >3kg	<input type="checkbox"/>	<input type="checkbox"/>
▪ Do they have acid reflux symptoms (heartburn)	<input type="checkbox"/>	<input type="checkbox"/>
▪ Reflux or dyspepsia – Please consult Greater Manchester dyspepsia guidelines https://gpexcellenceqm.org.uk/resources/guidelines-for-managing-patients-with-dyspepsia-in-primary-care		
▪ Is the patient less than 55 years old	<input type="checkbox"/>	<input type="checkbox"/>
▪ Does the patient have heartburn	<input type="checkbox"/>	<input type="checkbox"/>
▪ Does the patient have nausea	<input type="checkbox"/>	<input type="checkbox"/>
▪ Has the patient been vomiting	<input type="checkbox"/>	<input type="checkbox"/>
▪ Does the patient complain that they get full very easily (early satiety)	<input type="checkbox"/>	<input type="checkbox"/>
▪ How long have the symptoms been a problem?		years months weeks
▪ Has the patient lost >3kg?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there pain in the upper abdomen	<input type="checkbox"/>	<input type="checkbox"/>
▪ Has the patient lost >3kg?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there a palpable mass in the upper abdomen	<input type="checkbox"/>	<input type="checkbox"/>
▪ Has the patient had haematemesis	<input type="checkbox"/>	<input type="checkbox"/>

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

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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...