

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
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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"/> Single Code Entry: Interpreter not needed...	Preferred Language (spoken): Single Code Entry: Main spoken language Preferred Language (written):

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.

		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, and the number is different from above, please enter here: 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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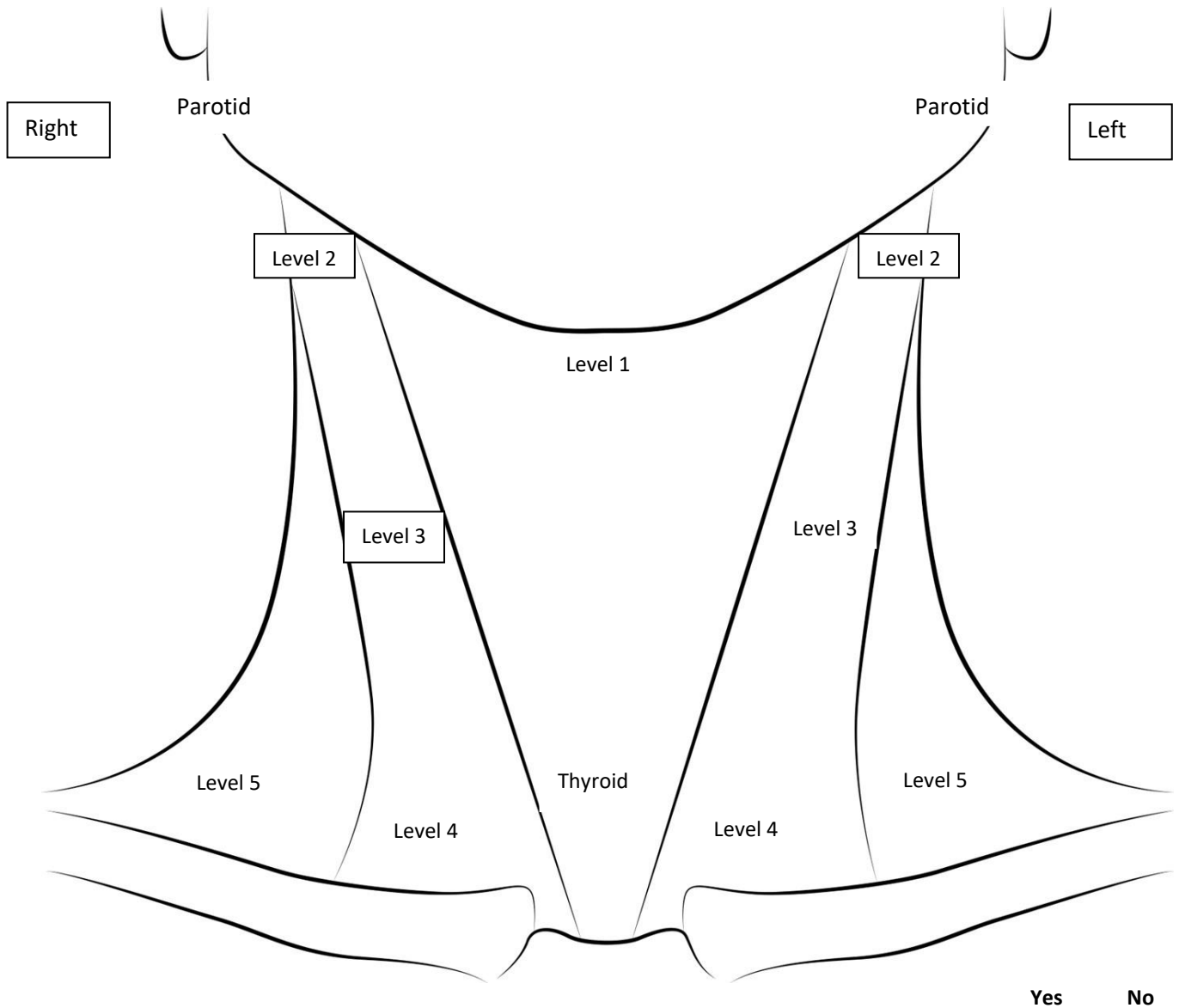
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	Please expand below, if needed e.g. "Yes, but in preferred language", "Yes, but letter to be sent to GP Practice", etc. <input type="text"/>						
4.	Have you told your patient they may have appointments and tests arranged at any hospital across Greater Manchester? Initial appointments are still likely to be at your local trusts.	<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: Single Code Entry: Rockwood Clinical Frailty Scale score...					
	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"/>				
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... <table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No						
<input type="checkbox"/>	<input type="checkbox"/>						
10.	BMI	Value: BMI <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, previous history of cancer and all relevant investigations)*

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

Unexplained neck lump persistent for more than 3 weeks

<input type="checkbox"/>	<input type="checkbox"/>
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Please indicate position of lump from diagram above (Parotid, Thyroid, Level 1-5) **At least 1 must be indicated:**

THYROID LUMP (midline lump, moves with swallowing)

Yes No

Unexplained thyroid lump

<input type="checkbox"/>	<input type="checkbox"/>
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SUSPICIOUS HEAD AND NECK OR THROAT SYMPTOM

Yes No

THROAT & EAR		Yes	No
▪ Any patient with unexplained persistent throat pain		<input type="checkbox"/>	<input type="checkbox"/>
▪ Unexplained unilateral pain in the head and neck areas for more than 3 weeks, excluding ear infection		<input type="checkbox"/>	<input type="checkbox"/>
▪ Dysphagia above sternal notch		<input type="checkbox"/>	<input type="checkbox"/>
Unilateral tinnitus and hearing loss should NOT be referred as suspected cancer			
LARYNX		Yes	No
▪ Aged 45 and over with persistent unexplained hoarseness		<input type="checkbox"/>	<input type="checkbox"/>
▪ Stridor CONSIDER EMERGENCY REFERRAL VIA ED (difficulty breathing on inspiration suggestive of upper airway obstruction n.b. not snoring or sleep apnoea)		<input type="checkbox"/>	<input type="checkbox"/>
NASAL / FACIAL		Yes	No
▪ Unilateral blood-stained nasal discharge		<input type="checkbox"/>	<input type="checkbox"/>
▪ Orbital or facial mass		<input type="checkbox"/>	<input type="checkbox"/>
UNEXPLAINED PERSISTENT CRANIAL NERVE PALSY (not tinnitus, hearing loss, anosmia, visual loss)		Yes	No
▪ Hemi-tongue paralysis		<input type="checkbox"/>	<input type="checkbox"/>
▪ Facial palsy not resolving after 6 weeks		<input type="checkbox"/>	<input type="checkbox"/>
▪ Unexplained hemi-facial numbness		<input type="checkbox"/>	<input type="checkbox"/>
▪ Oculomotor palsy with unilateral nasal obstruction or a purulent/bloody discharge		<input type="checkbox"/>	<input type="checkbox"/>

ORAL CANCER

Yes No

ORAL CANCER		Yes	No
▪ Unexplained ulceration in oral cavity for more than 3 weeks		<input type="checkbox"/>	<input type="checkbox"/>
▪ Lump on lip or oral cavity		<input type="checkbox"/>	<input type="checkbox"/>
▪ Red or red and white patch in oral cavity consistent with erythroplakia or erythroleukoplakia		<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

Diabetic Control

HbA1c: HbA1c

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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...