

Non-Specific Symptoms (persistent & unexplained)



Rapid Access Referral for Suspected Cancer

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 (spoken): Single Code Entry: Main spoken language
	Single Code Entry: Interpreter not needed...	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 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	preferred method of contact?	<input type="text"/>		
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="text"/>	<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? 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...	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the patient require Translation or Interpretation Services? If Yes, which language:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	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)*

The reason I am concerned the patient has cancer is:

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SYMPTOMS INCLUDE:

<ul style="list-style-type: none">New unexplained and unintentional weight loss (either documented >5% in three months or with strong clinical suspicion). Please indicate how much weight and what length of time: <input type="text"/>
<ul style="list-style-type: none">New unexplained constitutional symptoms of four weeks or more (less if very significant concern) Symptoms include: <input type="text"/>
<ul style="list-style-type: none">Decreased appetite
<ul style="list-style-type: none">Fatigue
<ul style="list-style-type: none">Nausea
<ul style="list-style-type: none">Bloating
<ul style="list-style-type: none">New unexplained vague abdominal pain of four weeks or more (less if very significant concern)
<ul style="list-style-type: none">Persistent pain
<ul style="list-style-type: none">Other pain (please specify) i.e. new unexplained, unexpected, or progressive pain, including bone pain, of four weeks or more <input type="text"/>
<ul style="list-style-type: none">Anaemia
<ul style="list-style-type: none">Unexplained night sweats
<ul style="list-style-type: none">Lymphadenopathy<ul style="list-style-type: none">Inguinal – refer RDCAxillary – refer Breast ClinicCervical – refer neck lump clinic using Head and Neck Suspected Cancer Referral form
<ul style="list-style-type: none">Hepatomegaly
<ul style="list-style-type: none">Splenomegaly
<ul style="list-style-type: none">Unprovoked DVT with signs and symptoms suggesting underlying cancer
<ul style="list-style-type: none">Abnormal imaging suggestive of metastatic disease (please attach report)
<ul style="list-style-type: none">GP 'gut feeling' of cancer diagnosis – reasons to be clearly described at referral (please include in referral reason above) <input type="text"/>
<ul style="list-style-type: none">Continued patient or family concern (please include in referral reason above)

EXCLUSION CRITERIA:

<ul style="list-style-type: none">Haematuria
<ul style="list-style-type: none">Post-menopausal bleeding
<ul style="list-style-type: none">Abnormal vaginal bleeding
<ul style="list-style-type: none">Haemoptysis
<ul style="list-style-type: none">Cough
<ul style="list-style-type: none">Melaena
<ul style="list-style-type: none">Rectal bleeding
<ul style="list-style-type: none">Positive FIT result
<ul style="list-style-type: none">Hematemesis

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- Dysphagia
- Rectal / Abdominal Mass and Rectal Ulceration? (Refer on the Lower GI Pathway)

Please consider doing the following investigations where clinically appropriate:

	Yes	No
Please include reports of all other recent investigations e.g. ultrasound / CT/ MRI / Gastroscopy		
▪ Full Blood Count	<input type="checkbox"/>	<input type="checkbox"/>
▪ Liver Function	<input type="checkbox"/>	<input type="checkbox"/>
▪ Renal Function	<input type="checkbox"/>	<input type="checkbox"/>
▪ PV/CRP	<input type="checkbox"/>	<input type="checkbox"/>
▪ Ferritin	<input type="checkbox"/>	<input type="checkbox"/>
▪ Coeliac Screening	<input type="checkbox"/>	<input type="checkbox"/>
▪ Bone Profile (including Calcium)	<input type="checkbox"/>	<input type="checkbox"/>
▪ HbA1c	<input type="checkbox"/>	<input type="checkbox"/>
▪ FIT Test	<input type="checkbox"/>	<input type="checkbox"/>
▪ Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>
▪ Thyroid Function Test	<input type="checkbox"/>	<input type="checkbox"/>
▪ Myeloma Screen (for >30y only) <ul style="list-style-type: none"> • immunoglobulins and serum electrophoresis and • serum free light chains (or Bence Jones protein if serum free light chains unavailable) 	<input type="checkbox"/>	<input type="checkbox"/>
▪ Glandular Fever Screen	<input type="checkbox"/>	<input type="checkbox"/>
▪ HIV Screen	<input type="checkbox"/>	<input type="checkbox"/>
▪ CA125 (female only)	<input type="checkbox"/>	<input type="checkbox"/>
▪ PSA (male only)	<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

Diabetic Control

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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...

Please send completed forms via e-referral, e.g.

Service ID

* Service Name

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