**Pan London Suspected LUNG AND PLEURAL Cancer Referral Form**

[Press the <Ctrl> key while you click here to view the Pan London Cancer Referral Support Guide](https://myhealth.london.nhs.uk/wp-content/uploads/2019/04/Pan-London-Suspected-Cancer-Referral-Support-Guide.pdf)

**REFERRAL DATE:** 

**This form should be used to refer a patient to their hospital of choice via E-referral (e-RS).**

**ALL suspected cancer referrals MUST be sent via e-RS within 24 hours.**

[Press the <Ctrl> key while you click to view a list of London hospitals](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/web/lung)   
***Please check on e-RS if a hospital can accept the referral***

**PATIENT DETAILS**

**SURNAME:**       **FIRST NAME:**       **TITLE:** 

**GENDER:**       **DOB:**        **AGE:****NHS NO:** 

**ETHNICITY:**        **LANGUAGE:** 

**INTERPRETER REQUIRED**  **TRANSPORT REQUIRED**

**PATIENT ADDRESS:**       **POSTCODE:** 

**DAYTIME CONTACT TEL:** 

**HOME TEL:**       **MOBILE TEL:**       **WORK TEL:** 

**EMAIL:** 

**CARER/KEY WORKER DETAILS**

**NAME:**       **CONTACT TEL:**       **RELATIONSHIP TO PATIENT:** 

**COGNITIVE, SENSORY OR MOBILITY IMPAIRMENT**

**COGNITIVE**   **SENSORY**  **MOBILITY**   **DISABLED ACCESS REQUIRED**

**PLEASE INCLUDE RELEVANT DETAILS:** 

**SAFEGUARDING**

**SAFEGUARDING CONCERNS**

**PLEASE INCLUDE RELEVANT DETAILS:** 

**GP DETAILS**

**USUAL GP NAME:** 

**PRACTICE NAME:**       **PRACTICE CODE:**  

**PRACTICE ADDRESS:** 

**BYPASS TEL:** 

**MAIN TEL:**       **FAX:**       **EMAIL:** 

**REFERRING CLINICIAN:** 

|  |  |  |  |
| --- | --- | --- | --- |
| **CLINICAL RISK FACTORS** | | | |
|  | **COPD** |  | **Current smoker** |
|  | **Asbestos exposure** |  | **Ex-smoker** |

|  |
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| **PLEASE ARRANGE AN EMERGENCY ADMISSION IF THERE IS EVIDENCE OF SUPERIOR VENA CAVA OBSTRUCTION OR STRIDOR** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STRAIGHT TO TEST PATHWAY**  **All patients must have up to date renal function (within 3 months) as they may be sent for a straight to test CT scan (with contrast) prior to first outpatient appointment.**  [Press the <Ctrl> key while you click here to view Pan London Suspected Lung Cancer Referral Guide](https://myhealth.london.nhs.uk/wp-content/uploads/2019/04/Pan-London-Suspected-Cancer-Referral-Guide-Lung-and-Pleural.pdf) | | | | | | |
| **REASON FOR SUSPECTED CANCER REFERRAL** | | | | | | |
|  | **Abnormal chest x-ray suggestive of lung cancer or mesothelioma (please attach report)** | | | | | |
|  | **Abnormal CT scan suggestive of lung cancer or mesothelioma (please attach report)** | | | | | |
|  | **Age ≥ 40 years with UNEXPLAINED haemoptysis** | | | | | |
| **Offer an urgent chest X-ray (to be performed within 2 weeks) to assess for lung cancer in people aged ≥ 40 years with one or more of the following:** | | | | | | | |
|  | | **Persistent or recurrent chest infection** | | | | | |
|  | | **Finger clubbing** | | | | | |
|  | | **Supraclavicular lymphadenopathy or persistent cervical lymphadenopathy** | | | | | |
|  | | **Chest signs consistent with lung cancer** | | | | | |
|  | | **Thrombocytosis** | | | | | |
| **Offer an urgent chest X-ray (to be performed within 2 weeks) to assess for lung cancer in people aged ≥ 40 years if they have 2 or more of the following unexplained symptoms, or if they have ever smoked/exposed to asbestos and have 1 or more of the following unexplained symptoms** | | | | | | | |
| [**Click here for differentiation of the Cs in lung cancer: Cancer vs. COVID**](https://www.healthylondon.org/wp-content/uploads/2020/03/Differentiation-of-the-Cs-in-lung-cancer_-Cancer-vs.-COVID.pdf) | | | | | | | |
|  | | **Cough** |  | **fatigue** |  | **shortness of breath** | |
|  | | **Chest pain** |  | **Weight loss** |  | **appetite loss** | |
| **Consider an urgent chest X-ray (to be performed within 2 weeks) to assess for mesothelioma in people aged ≥ 40 years and over with either:** | | | | | | | |
|  | **Finger clubbing  Chest signs compatible with pleural disease** | | | | | |
|  |  | | | | | |
|  | **Referral is due to CLINICAL CONCERNS that do not meet NICE/pan-London referral criteria (the GP MUST give full clinical details in the ‘additional clinical information’ box at time of referral)** | | | | | |

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| **MANDATORY BOX FOR ALL PATIENTS - WHO PERFORMANCE SCORE**  **Enter score to establish if patient is suitable for straight to test CT scan prior to first outpatient appointment** | | |
|  | **0** | **Fully active, able to carry on all pre-disease performance without restriction.** |
|  | **1** | **Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light housework, office work.** |
|  | **2** | **Ambulatory and capable of all self-care but unable to carry out any work activities.**  **The patient is up and about more than 50% of waking hours.** |
|  | **3** | **Capable of only limited self-care; confined to bed or chair more than 50% of waking hours.** |
|  | **4** | **Completely disabled; cannot carry out any self-care. The patient is totally confined to bed or chair.** |

**Additional clinical information including spirometry results where available:**      

**Personal/relevant patient information:**

**Past history of cancer:**

**Relevant family history of cancer:**

|  |  |
| --- | --- |
|  | **I have discussed the possible diagnosis of cancer with the patient** |
|  | **The patient has been advised that they will be contacted by secondary care by telephone** |
|  | **I have advised the patient that they should prioritise this appointment. I have offered the pan London COVID -19 patient information leaflet Offering written patient information increases patient experience and reduces non-attendance. These are available in 11 different languages.**  [Press the <Ctrl> key while you click here to view the leaflet](https://www.healthylondon.org/resource/covid-19-cancer-referral-resources/) |
|  | **This patient has been added to the practice suspected cancer safety-netting system**  [Press the <Ctrl> key while you click here to view information on Cancer Safety Netting Systems](https://www.healthylondon.org/wp-content/uploads/2020/04/Key-safety-netting-messages-during-Covid-19-pandemic-Final-version-9th-April-2020-003.pdf) |

**INVESTIGATIONS**

**Please ensure this referral includes ALL the relevant investigations including blood tests and imaging. If there are any pending test results that you have organised at the time of this referral please provide information including TYPE OF INVESTIGATION requested (bloods, imaging) and TRUST performing the tests in the box below.**

**CLINICALLY-SPECIFIC AUTOMATIC TABULATED DATA**

**IMAGING STUDIES (in past 6 months) Please include date:**       **and location:**      

**RENAL FUNCTION (most recent recorded in past 6 months)**

**FULL BLOOD COUNT (most recent recorded in past 6 months)**

**ROUTINE AUTOMATIC TABULATED DATA**

**MEDICAL HISTORY**

**ALLERGIES**

**MEDICATION**

**OFFICE USE ONLY**