**Pan London Suspected Brain & CNS 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/braincns)   
***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:** 

|  |  |
| --- | --- |
| **REFERRAL FOR DIRECT ACCESS INVESTIGATIONS**  **Where it is available, GPs should arrange urgent brain MRI (or brain CT if MRI is contraindicated) (to be performed within 2 weeks) for patients presenting with symptoms which raise suspicion of brain cancer.**  [Press the <Ctrl> key while you click here to view Pan London Suspected Brain and CNS Cancer Referral Guide](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/braincns) | |
| **REASON FOR SUSPECTED CANCER REFERRAL** | |
|  | **Abnormal brain MRI/CT scan suggestive of cancer** |
|  | **Progressive, sub-acute loss of central neurological function** |
|  | **New onset seizures- focal or interictal focal deficit** |
|  | **Rapid personality change or behavioural disturbance/ slowness confirmed by witnesses with no reasonable explanation** |
|  | **Headache with sinister features suggestive of raised intracranial pressure** |
|  | **Isolated new onset daily headache duration of <12 weeks** |
|  | **Unexplained rapid cognitive changes** |
|  | **Cranial nerve palsy** |
|  | **Visual changes** |
|  | **History of malignancy with neurological symptoms** |
|  | **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)** |
|  | **Referral is due to GP not having direct access to urgent Brain MRI/CT and patient is presenting with symptoms which raise suspicion of brain cancer (the GP MUST give full clinical details in the ‘additional clinical information’ box at time of referral)** |

**Additional clinical information:**

**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 and confirmed they will be available for an appointment within the next two weeks** |
|  | **I have advised 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 year). Please include date:**       **and location:**      

**RENAL FUNCTION (most recent recorded in past year)**

**ROUTINE AUTOMATIC TABULATED DATA**

**MEDICAL HISTORY**

**ALLERGIES**

**MEDICATION**

**OFFICE USE ONLY**