**Pan London Suspected HEAD AND NECK Cancer Referral Form**

[Press the <Ctrl> key while you click here to view the Pan London Suspected Cancer Referral Support Guide](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/general)

**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/headneck)

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/GDP DETAILS**

**USUAL GP/GDP NAME:** 

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

**PRACTICE ADDRESS:** 

**BYPASS TEL:** 

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

**REFERRING CLINICIAN /DENTIST:** 

|  |  |  |  |  |  |
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| **CANCER TYPE SUSPECTED** | | | | | |
|  | **LARYNGEAL/PHARYNGEAL** |  | **EAR/NOSE/SINUS** |  | **THYROID** |
|  | **ORAL/LIP** |  | **SALIVARY** | | |

|  |  |
| --- | --- |
| **CLINICAL RISK FACTORS** | |
|  | **Current smoker Pack years [insert number**     **]** |
|  | **Ex-smoker** |
|  | **Oral tobacco use** |
|  | **Alcohol history** |
|  | **HPV** |
|  | **HIV** |
|  | **Previous irradiation to head and neck** |
|  | **Family history of thyroid cancer** |

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| **REASON FOR SUSPECTED CANCER REFERRAL**  [Press the <Ctrl> key while you click here to view Pan London Suspected Head and Neck Cancer Referral Guide](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/headneck) | |
| **LARYNGEAL/PHARYNGEAL CANCER**  **Concurrent chest X-ray at time of referral for symptoms including hoarseness and unexplained neck lump to exclude lung /haematological cancer/infectious diseases** | |
|  | **Unexplained lump or mass in the neck or throat** |
|  | **≥ 40 years old with persistent unexplained hoarseness (≥ 3 weeks)** |
|  | **≥ 4 weeks of persistent, particularly unilateral, discomfort in the throat or throat pain** |
|  | **≥ 40 years old with ≥ 3 weeks of dysphagia** |
|  | **≥ 40 years old with ≥ 3 weeks of odynophagia** |
|  | **≥ 40 years old with ≥ 3 weeks of otalgia** |
| **EAR/NOSE/SINUS CANCER** | |
|  | **Persistent unilateral otalgia** |
|  | **Serosanguinous nasal discharge which persists for more than three weeks** |
|  | **Unilateral nasal obstruction associated with a purulent discharge** |
|  | **Facial palsy/cranial neuropathies** |
|  | **Orbital masses** |
|  | **Severe facial pain** |
| **THYROID CANCER** | |
|  | **Unexplained solitary thyroid lump** |
|  | **Ultrasound suggestive of a thyroid cancer** |

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| **ORAL/LIP** | |
|  | **≥ 3 weeks unexplained ulceration in the oral cavity** |
|  | **Suspicious lump/mass on the lip or in the oral cavity** |
|  | **A red or red and white patch in the oral cavity suggestive of leukoplakia or erythroleukoplakia** |
|  | **Tooth mobility not associated with periodontal disease** |
|  | **Poor healing ≥ 3 weeks post tooth extraction** |
| **SALIVARY CANCER** | |
|  | **≥ 40 years old with unexplained or persistent parotid or submandibular swelling** |
|  | **Firm sub-mucosal swelling in the oral cavity** |
|  | **Referral is due to CLINICAL CONCERNS that do not meet NICE/pan-London referral criteria (the GP/GDP 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 Pan London Practice-based Suspected Cancer Safety Netting System](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:**      

**THYROID 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**