**Pan London Suspected Skin 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/skin)   
***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:** 

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RISK FACTORS for melanoma or squamous cell carcinoma** | | | | | |
|  | **Photo-damaged skin** |  | **Previous skin cancer** |  | **Family history** |
|  | **Organ transplant** |  | **Immunosuppressive therapy** | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **REASON FOR SUSPECTED CANCER REFERRAL**  [Press the <Ctrl> key while you click here to view Pan London Suspected Skin Cancer Referral Guide](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/skin) | | | | | | | |
| **LOCATION OF LESION:**  **REASON FOR REFERRAL:**  **PHOTODERMATOLOGY (please attach image in INVESTIGATIONS section; with appropriate consent)**  [Press the <Ctrl> key while you click here to go to photodermatology investigations below to attach image](#Photo) | | | | | | | |
| **MELANOMA** | | | | | | | |
|  | **Suspected melanoma based on scoring system below:** | | | | | | |
|  | **Refer using a suspected cancer pathway referral for melanoma (for an appointment within two weeks) in patients with a suspicious pigmented skin lesion with a weighted 7-point checklist score of 3 or more.**  **Each major feature scores 2 points. Each minor feature scores 1 point.**  **Tick the relevant boxes below as they apply to the patient and add up the score.** | | | | | | |
|  | **Major Features of the lesions (scoring 2 points each):** | | | | | |  |
|  |  | **Change in size** |  | **Irregular shape** |  | **Irregular colour** |  |
|  | **Minor Features of the legions (scoring 1 point each):** | | | | | |  |
|  |  | **Largest diameter 7mm or more** |  | **Oozing** |  | **Inflammation** |  |
|  |  | **Change in sensation** | | | | |  |
|  | **TOTAL SCORE:**       **(refer if score ≥3)** | | | | | | |
|  | **Pigmented or non-pigmented skin lesion suggesting nodular melanoma** | | | | | | |
|  | **Dermoscopy shows features suspicious of melanoma** | | | | | | |
|  | **Proven melanoma on histology** | | | | | | |
| **SQUAMOUS CELL CARCINOMA** | | | | | | | |
|  | **Suspected squamous cell carcinoma** | | | | | | |
|  | **Proven squamous cell carcinoma on histology** | | | | | | |
| **BASAL CELL CARCINOMA** | | | | | | | |
|  | **Suspected basal cell carcinoma with specific concerns including a rapidly growing lesion on**  **the eyelid, lip margin or nose (not the same as T zone)**  [Press the <Ctrl> key while you click here to view Pan London Suspected Skin Cancer Referral Guide](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/skin) | | | | | | |
|  | **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)** | | | | | | |

**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**

**PHOTODERMATOLOGY (please attach image; with appropriate consent)**

Select the text within this box and then insert your image

**HISTOLOGY REPORTS Please include date:** **and location of laboratory:**

**ROUTINE AUTOMATIC TABULATED DATA**

**MEDICAL HISTORY**

**ALLERGIES**

**MEDICATION**

**OFFICE USE ONLY**