**Pan London Suspected sarcoma Referral Form**

**All referrals should be sent via e-RS with this form attached within 24 hours**

|  |  |
| --- | --- |
| Surname: | First name: |
| Referral date: | NHS number: |
| Patient’s hospital of choice: [     ] [click here to access the hospitals directory](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/web/sarcoma) | |

|  |
| --- |
| 1. **REASON FOR REFERRAL – ESSENTIAL**   [*See* Pan London Suspected Sarcoma Referral Guide](https://www.transformationpartnersinhealthandcare.nhs.uk/usc-sarcoma-clinical-guide/) |
| ***Please record below the history and findings on physical examination and why you feel the patient may have cancer:*** |
| **Site of suspected sarcoma:**  Limb/Trunk  Intra-abdominal  Abdominal wall  Head & Neck  Other, please state |
| ***Bone sarcoma:*** *Refer ADULTS and CHILDREN to Royal National Orthopaedic Hospital*  ***Soft Tissue:*** *Refer ADULTS to:*  *•Royal Marsden (all tumour sites)*  *•Royal National Orthopaedic Hospital (limb, trunk, spine and abdominal wall)*  *•University College London Hospital (intra-abdominal, retroperitoneal, head & neck, urology, breast)*  *GPs can refer to the following units from certain areas only – please check on e-RS*  *•Kingston Hospital •Chelsea & Westminster Hospital •Croydon University Hospital •West Middlesex Hospital*  ***Soft tissue:*** *CHILDREN with suspicious soft tissue lumps - discuss as emergency with local on-call Paediatrician* |

|  |
| --- |
| 1. **SPECIFIC CRITERIA FOR URGENT REFERRAL – ESSENTIAL** |
| **Criteria for urgent referral suspected BONE SARCOMA IN ADULTS AND CHILDREN** |
| Suspicious X-Ray showing one or more of the following features:  • Spontaneous fracture • Bone destruction • New bone formation • Periosteal elevation  Bone swelling or tenderness  Bone pain (not responding analgesia or night-time pain)  Normal or equivocal x-ray but high clinical suspicion of bone sarcoma |
| **Criteria for urgent referral suspected SOFT TISSUE SARCOMA IN ADULTS** |
| *Ultrasound or MRI Imaging should accompany a 2WW referral unless you suspect recurrence of previous sarcoma.*  Ultrasound or MRI which suggests soft tissue sarcoma  Suspected recurrence of previous sarcoma  *Should you not have urgent direct access to imaging please call one of the soft tissue sarcoma units listed to discuss your patient with a sarcoma expert before referring – see* [***LINK***](https://www.healthylondon.org/our-work/cancer/early-diagnosis/two-week-wait-referral-repository/suspected-cancer-referrals/pan-london-urgent-suspected-cancer-referral-criteria-soft-tissue-sarcoma-in-adults/) *for contact details.*  GP does not have direct access to urgent ultrasound or MRI but has high clinical suspicion of soft tissue sarcoma. |

|  |
| --- |
| 1. **INVESTIGATIONS AND ACTIONS TO BE COMPLETED PRIOR TO REFERRAL – ESSENTIAL** |
| **Bone Sarcoma:** Confirm X-Ray has been done and result is attached to this referral  **Soft Tissue Sarcoma:** Confirm ultrasound or MRI has been done and result is attached to this referral |

|  |  |
| --- | --- |
| 1. **INFORMATION FOR HOSPITAL ASSESSMENT – ESSENTIAL** | |
| **WHO Performance status** | |
| **0** Fully active  **1** Restricted physically but ambulatory and able to carry out light work  **2** Ambulatory more than 50% of waking hours; able to carry out self-care  **3** 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 | |
| **Other access needs** | |
| Interpreter required If Yes, Language:  Transport required  Wheelchair access required | Cognitive impairment including dementia  Learning disability ([see London LD contacts](https://www.england.nhs.uk/london/london-clinical-networks/our-networks/learning-disabilities/publications/))  Mental health issues that may impact on engagement  SMI |
| Details of access needs: | |

|  |
| --- |
| 1. **ADDITIONAL IMPORTANT CLINICAL INFORMATION** |
| Past history of cancer: |
| Relevant family history of cancer: |
| Safeguarding concerns: |
| Other relevant information about patient’s circumstances: |
| Patient referred/previously investigated for similar symptoms at other hospital/service?  No  Yes, please give details: |

|  |
| --- |
| I have discussed the **possible diagnosis of cancer** with the patient [(Patient Information Resources)](https://www.healthylondon.org/our-work/cancer/early-diagnosis/two-week-wait-referral-repository/suspected-cancer-referrals/patient-information-leaflets/) |
| I have advised the patient to **prioritise this appointment & confirmed they’ll be available within the next 14 days.** |
| The patient has been advised that the hospital care **may contact them by telephone** |
| Patient added to the practice **safety-netting system** and practice will review by DDMMYY *(manual entry)* |

|  |  |
| --- | --- |
| 1. **REFERRER DETAILS** | |
| Usual GP name: | Referring clinician: |
| Practice code: | Practice address: |
| Practice name: | Email: |
| Main Tel: | Practice bypass number       ***(manual entry)*** |

|  |  |  |
| --- | --- | --- |
| 1. **PATIENT DETAILS** | | |
| Surname: | First name: | |
| NHS number: | Title: | |
| Gender on NHS record: | Gender Identity:       ***(manual entry)*** | |
| Ethnicity: | | |
| DOB: | Age: | |
| Patient address: | | |
| Daytime contact Tel:       **Home:**       **Mobile:** | | |
| Email: | | |
|  | | |
| **Carer/ key worker details:** | | |
| Name: | Contact Tel: | |
| Relationship to patient: |  | |
|  | | |
| 1. **CONSULTATIONS, PAST MEDICAL HISTORY, MEDICATIONS AND INVESTIGATIONS** | | |
| ***Please note: You will need to add pending test results, requests and relevant excluded medical history (e.g. trans history, sexual health, private patients) manually in the text boxes below.*** | | |
| Consultations: | | |
| Medical history: | | |
| Medication: | | |
| Allergies: | | |
| Imaging studies (in the past 12 months): Date:        Hospital Location: | | |
| Renal function (in the past 6 months): | | |
| Full blood count: (in the past 6 months): | | |
| Test results pending (type of investigation) :       Trust / Organisation:       Date: | | |
| All Values and Investigations (in the past 6 months): | | |
| BMI (latest): | |
| Weight (latest): | |
| Blood Pressure (latest): | |
| Safeguarding history: | | |
| Learning disability: | | |
| Use of wheelchair: | | |
| Accessible Information Needs (AIS): | | |