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

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

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| 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/lung) | |

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| 1. **REASON FOR REFERRAL – ESSENTIAL**   [See Pan London Suspected Lung Cancer Referral Guide](https://www.transformationpartnersinhealthandcare.nhs.uk/usc-lung-and-pleural-cancer-clinical-guide/) |
| ***Please record below the history and findings on physical examination and why you feel the patient may have cancer:*** |
| 1. **CRITERIA FOR URGENT REFERRAL – ESSENTIAL** |
| Abnormal chest x-ray suggestive of lung cancer or mesothelioma  Abnormal CT scan suggestive of lung cancer or mesothelioma  Age ≥ 40 years with **unexplained** haemoptysis  Cough≥ 3 weeks and **unexplained** weight loss  Referral is due to **clinical suspicion that does not meet above criteria –** see below and provide full description in Section 1  **Obtain chest X-ray on any patient >40 years with unexplained:**  *• Cough > 3 weeks • Shortness of breath • Chest Pain • Fatigue • Weight loss • Appetite loss*  *• Persistent or recurrent chest infection • Finger clubbing • Chest signs consistent with lung cancer • Thrombocytosis*  *• Supraclavicular lymphadenopathy or persistent cervical lymphadenopathy*  **Reasons for clinical suspicion even with normal CXR may include patients >40 years with:**   * *> 2 symptoms above if never smoker* or * *> 1 symptom if current or ex-smoker, or asbestos exposure.*   ***In these patients, obtain urgent chest x-ray and consider concurrent Urgent Suspected Lung Cancer referral.***  ***If the patient does not meet any specific criteria above, please consider the following alternatives:***  • *Obtain Advice & Guidance from specialist • Refer to local* [*RDC/NSS Service*](https://www.healthylondon.org/our-work/cancer/early-diagnosis/two-week-wait-referral-repository/suspected-cancer-referrals/rapid-diagnostic-centre-non-specific-symptoms-service/) *if you are unclear on potential tumour site* |
| **Clinical risk factors**  Current smoker [      packs per day       years smoked],  Ex-smoker,  COPD,  Asbestos exposure |

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| 1. **INVESTIGATIONS AND ACTIONS TO BE COMPLETED PRIOR TO REFERRAL – ESSENTIAL** |
| Confirm CXR or CT chest done (and report is attached to this referral) - **NB even if CXR normal**  Renal function within previous 3 months attached to this referral (required for straight to test CT scan) |

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| 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 |

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| **Other access needs –** *please detail per the selected options in the field below* | |
| 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 and reasonable adjustments: | |

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| 1. **ADDITIONAL IMPORTANT CLINICAL INFORMATION** |
| Additional clinical information including spirometry results where available: |
| 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: |

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| 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)* |

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

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| 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: | |
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| **Carer/ key worker details:** | |
| Name: | Contact Tel: |
| Relationship to patient: |  |

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| 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:        Location: |
| Chest X-Ray (in the past 12 months): |
| Renal function history (6 months): |
| Full blood count history (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): |