**Pan London Suspected skin Cancer Referral Form**

**All referrals 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/skin) | |

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| 1. **REASON FOR REFERRAL – ESSENTIAL**   [*See* Pan London Suspected Skin Cancer Referral Guide](https://www.transformationpartnersinhealthandcare.nhs.uk/usc-skin-cancer-clinical-guide/) |
| ***Please record below the history and findings on physical examination and why you feel the patient may have cancer:*** |
| **Location of lesion and side of body:**       **Duration of lesion:** |
| 1. **CRITERIA FOR SPECIFIC SKIN CANCER SUSPECTED – ESSENTIAL**   ***This pathway is not for multiple lesions; skin checks should be referred routinely.*** |
| **Criteria for urgent referral suspected MELANOMA:** |
| The lesion is: New  Changed in the last 3 months  Neither  Weighted 7-item checklist:  **2 Points for each of the following for pigmented skin lesion with:**  Change in size  Irregular shape  Irregular colour  **1 Point for each of the following for pigmented skin lesion with:**  Largest diameter 7mm or more  Oozing  Inflammation  Change in sensation  **Total score:**      **/10 (Refer patients with score of 3 or more)** |
| Skin lesion suggesting nodular melanoma  Dermoscopic appearances suggest melanoma  Proven melanoma on histology |
| **Criteria for urgent referral suspected SQUAMOUS CELL CARCINOMA:**  ***This pathway is not for Actinic Keratoses and Bowen’s; these should be referred routinely or via teledermatology.*** |
| Suspected squamous cell carcinoma  Proven squamous cell carcinoma on histology |
| **Criteria for urgent referral suspected BASAL CELL CARCINOMA:**  ***This pathway is not for BCC at sites other than eyelid/lip/ nose; refer routinely or via teledermatology unless specific concerns.*** |
| Suspected basal cell carcinoma with specific concerns including rapidly growing lesion **on eyelid, lip margin or nose** |
| Referral is due to **clinical concerns that do not meet above criteria *(Please expand in Section 1 above)*** |

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| **Risk Factors:** |
| Sun damage  Previous skin cancer  >100 moles  Immunosuppressed  Family history skin cancer  None |

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| 1. **INVESTIGATIONS AND ACTIONS TO BE COMPLETED PRIOR TO REFERRAL** | |
| Photo/s (ideally dermoscopic images) attached to this referral  ***Please ensure these have the lesion in the centre of the image and are in focus*** | |
| 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 -** *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: | |
| **Key clinical information to aid triage and assessment** | |
| On anticoagulant medicationPacemaker/cardiac device Blood born virusPregnant Breastfeeding | |
| Details of above if any boxes ticked | |

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| 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: |

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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 3 months): Date:        Location: | |
| Histology: Date:        Location: | |
| 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): | |