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| **Hospital Reference Code: SOSOS** |
| **Suspected Paediatric Cancer Referral Form** |
| **All suspected childrens’ cancer should be discussed with a Paediatrician before referring in, please see numbers below which are available between 9am and 6pm:****Heatherwood and Wexham Park – 07919 175 643 Frimley Park Hospital – 07881 352 600****Outside of these hours, please contact the on-call consultant via switchboard** |
| To make a referral via eRS please use: | **Speciality:** 2ww**Clinic Type:** 2ww Children and Young People |
| **Please note that this form will be audited for completeness** |
| **Patient Details** |
| Surname: | Date of Birth: |
| Forename: | Sex: |
| Address: | Ethnicity: |
| NHS Number: |
| Hospital Number: |
| Interpreter Required? Yes  No  |
| First Language: |

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| Please state number(s) for use in the next 24 hours: **X** | Patient agrees to telephone message being left? | Yes  No  |
| Daytime Telephone:  Work Telephone: Mobile Telephone:  |
| Is the patient aware this is a suspected cancer referral? | Yes  No  |
| Is the patient available for an appointment within the next 14 days? **(if not, please consider deferring this referral until patient becomes available)** | Yes  No  |
| Is the patient available for 62 days from date of referral? | Yes  No  |
| Has the patient been given a S uspected C ancer Fast track leaflet? | Yes  No  |

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| **GP Details** |
| GP Name: |  | Telephone Number:**Direct number if appropriate:** |  |
| Address: |  | GP Email: |  |
| Date of Referral: |  |
| Date Referral Received: |  |



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| **Please select the appropriate box(es) and add relevant details below.****These symptoms and signs are not specific for malignancy which is generally rare in childhood.****Utilising this route of referral implies a strong suspicion that they are unlikely to be explained by other more common childhood illnesses which may still be referred via the usual channels.** |
| **Diagnosis suspected:** |
|  | Leukaemia |  | Wilms’ Tumour | **Uncertain / other (add details):** |
|  | Brain tumour |  | Soft tissue sarcoma |  |
|  | Lymphoma |  | Bone Tumour |
|  | Neuroblastoma |  | Retinoblastoma |
| **H odgkin’s and Non-Hodgkin’s Lymphoma** Unexplained lymphadenopathy (consider) or splenomegaly (consider)(consider associated symptoms e.g. fever, night sweats, pruritus, weight loss or shortness of breath | **B one Sarcoma** X-ray suggests the possibility of bone sarcoma (consider) |

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| **B rain and Nervous System Cancers**  Newly abnormal cerebellar or central neurological function (consider) | **S oft Tissue Sarcoma** Ultrasound scan suggestive of soft tissue sarcoma (consider) Ultrasound is uncertain and clinical concern persists (consider) |
| **W ilm’s Tumour** Palpable abdominal mass (consider) An unexplained enlarged abdominal organ (consider)  Unexplained visible haematuria (consider) | **R etinoblastoma**Absent red reflex (consider) |

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| **Symptoms:** |
| Rapidly enlarging lymph glands |  | Severe persistent headache (especially on waking) |  | Severe unexplained persistent localised bone or joint pain or swelling |  |
| Progressive anaemia |  | Recurrent atypical infections |  | Testicular swelling |  |
| PUO/ drenching night sweats / weight loss |  | Ataxia and/or focal neurology |  | Rapidly expanding soft tissue or orbital mass |  |

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| **Examination:** |
| Lymphadenopathy |  | Abdominal mass |  | Pallor / signs of anaemia |  |
| Soft tissue mass |  | Hepatomegaly |  | Neurological signs |  |
| Fever |  | Splenomegaly |  | **Other:** |

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| **Free text box for additional clinical information / Referral letter** |
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| **Past Medical History****Please use this area to autopopulate a patient summary:** to include recent consultations, current diagnoses; past medical history; recent investigations; recent blood test results; medication; any other fields which might be helpful to secondary care. |
| **Recent Consultations** |
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| **Current Diagnosis** |
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| **Past Medical History** |
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| **Recent Investigations (free text)** |
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| **Recent Blood Test Results (free text)** |
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| **Medication** |
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| **Other Information** |
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| **Safeguarding concerns** |
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| **Perfomance Status Key** |
| **0** | Fully active, able to carry on all pre-disease performance without restriction |  |
| **1** | Restricted in physically strenuous activity but ambulatory and able to carry out light/sedentary work, e.g. house or office work. |  |
| **2** | Ambulatory and capable of self-care, but unable to carry out work activities. Up and active >50% of waking hours. |  |
| **3** | Capable of only limited self-care. Confined to bed or chair >50% of waking hours. |  |
| **4** | Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair. |  |

**Accessible Information Needs (AIS):**



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| Contact: |  |
| Contact Title: |  |
| Contact Email: |  |
| Date First Uploaded: | March 2019 |

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| Review Date: | January 2026 |
| Date Updated: | January 2024 |
| New Review Date: |  |

Feedback Contact: D XSfrimleyICS@nhs.net

(Note, patient information is not to be sent to this address) FHC1030