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| **Suspected Cancer Referral Form: Head and Neck Cancer** | |
| [**Please refer to the Frimley Health Suspected Cancer Guidelines before completing this form**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC3292) | | |
| To make a referral via eRS please use: | Speciality**:** **2WW** Clinic Type**:** **2WW** Head and Neck | |

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| **STRIDOR IS AN EMERGENCY AND REQUIRES SAME DAY REFERRAL** | | | |
| **Date of Decision to Refer:** | |  | |
| **Trust name:** | | |  |
|  | Frimley Health NHS Foundation Trust | |  |

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| **Patient details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | |  | | | | | | | First name: | | | | | | | | | | | |  | | | | | | | | | | | | | | | Title: | | | | | | |  | |
| Sex assigned at birth: | | | | | | | | | | | |  | | | | | | | DOB: | | | | | | | | | | | |  | | | | | | | | | | | | | | | NHS number: | | | | | | |  | |
| Ethnicity: | | | | | | | | | | | |  | | | | | | | Interpreter required: | | | | | | | | | | | |  | | | | | | | | | | | | | | | Language: | | | | | | |  | |
| Address: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel. home: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Tel. mobile: | | | | | | | | | | | | | | |  | | | | | | | | |
|  | Preferred contact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Preferred contact | | | | | | | | | | | | | | | | | | | | |
| **GP practice details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Usual GP Name: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | |  | | | | | | | | Practice name: | | | | | | | | | |  | | | | | | | | | | | | | | | | Practice code: | | | | | | | |  | | |
| Tel. main line: | | | | | | | | | |  | | | | | | | | Tel. direct line: | | | | | | | | | |  | | | | | | | | | | | | | | | | Date of referral: | | | | | | | |  | | |
| Referring clinician: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Practice Email: | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Patient engagement and availability** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I confirm the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | The possibility that the diagnosis may be cancer has been discussed with the patient | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | The patient has been offered a [suspected cancer referral leaflet](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1048) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | The patient has been informed that they could be contacted at any time within the next 28 days and availability/attendance is strongly advised | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Please note any dates the patient is NOT available for an appointment (virtual or face to face) in the next 28 days: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Patient's WHO Performance Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Grade** | | | | | Explanation of activity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please detail any Cognitive/sensory/mobility impairment if known:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Carer/Keyworker name** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Contact details** | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Relationship to Patient** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is transport likely to be required? | | | | | | | | | | | | | | | | | | | | | Y | | |  | N | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | |
| **Clinical History - select** [**here**](https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/head-and-neck-cancers/risk-factors) **for more information about risk factors** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Smoker | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Alcohol units | | | | | | | | | | | | | | | | | | | |
|  | | | | Ex-Smoker | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | |
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|  | | | | [Other tobacco use](https://www.nhs.uk/live-well/quit-smoking/paan-bidi-and-shisha-risks/?msclkid=3ebf43ffbb0411ecbdf133a84ca50265) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Previous irradiation of Head and Neck | | | | | | | | | | | | | | | | | | | |
| **Weight** | | | | | | | |  | | | | | | | | | **Height** | | | | | | | | |  | | | | | | | | | | | | | | | | **BMI** | | | | | | | |  | | | | |
| **Cancer type suspected:** [**Guidance**](https://surreyandsussexcanceralliance.nhs.uk/health-professionals/primary-care/suspected-cancer-referral-forms-and-guidance) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Laryngeal/Pharyngeal | | | | | | | | | | | | | | | | |  | | | Oral/Lip | | | | | | | | | | | | | | | | |  | | | Thyroid | | | | | | | | | | | |
|  | | | Tonsil | | | | | | | | | | | | | | | | |  | | | Salivary Gland | | | | | | | | | | | | | | | | |  | | | Ear/Nose/Sinus | | | | | | | | | | | |
| **Reason for suspected cancer referral** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Laryngeal/Pharyngeal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | [Unexplained](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#unexplained) lump in the neck / throat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OR  ³45 years without risk factors (or ³40 years if risk factors, e.g. History x of drug use or smoker) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | [Persistent unexplained](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#unexplained) hoarseness of voice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consider referral if ³40 years old with   * [persistent](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#persistent) dysphagia * [persistent](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#persistent) odynophagia * [persistent](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#persistent) otalgia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Oral/Lip** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | >3 weeks [unexplained](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#unexplained) mouth ulcer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | [Persistent](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#persistent) and [unexplained](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#unexplained) lump in the neck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Lump on the [lip or in oral cavity](https://www.doctors.net.uk/eClientopen/CRUK/oral_cancer_toolkit_2015_open/oral-cancer-2.html) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | A red or a red and white patch in oral cavity consistent with [erythroleukoplakia and erythroplakia](https://www.doctors.net.uk/eClientopen/CRUK/oral_cancer_toolkit_2015_open/lesion-recognition-resource.html) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exclude [geographic tongue](https://www.dentalhealth.org/geographic-tongue) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Thyroid** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | [Unexplained](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#unexplained) thyroid lump with or without dysphonia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Ultrasound suggestive of thyroid cancer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For Tonsil, consider SSCA guidance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | ³18 years with the following | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | UNILATERAL [persistent](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#persistent) sore throat WITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | |  | | tonsillar asymmetry AND/OR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  |  | | |  | | with referred otalgia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exclude [tonsil mucus retention cysts](https://tonsilstoneremedies.net/wp-content/uploads/2017/03/Tonsil-Cyst.jpg?ezimgfmt=ng:webp/ngcb1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Salivary Cancer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | >40 years old with [unexplained](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#unexplained) or [persistent](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#persistent) parotid or submandibular swelling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Firm sub-mucosal swelling in the oral cavity (floor of mouth) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ear/Nose/Sinus:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | [Persistent](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#unexplained) unilateral otalgia (>3 weeks) but normal otoscopy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Recurrent / [persistent](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#unexplained) unilateral ear discharge and / or ear polyp >45 years old | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Serosanguinous nasal discharge (unilateral) which persists for more than three weeks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Facial palsy/cranial neuropathies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Orbital masses (proptosis) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Referral is due to CLINICAL CONCERNS that do not meet NICE/SSCA referral guidance. Please include any additional clinical concerns | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Investigations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | eGFR in last 12 weeks | | | | | | | | | | | | OR |  | | | | eGFR ordered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **FOR ALL RECENT INVESTIGATIONS PLEASE INCLUDE REPORTS AND IMAGES WHERE THIS CAN BE ARRANGED.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Suitability For Telephone Triage / ‘STRAIGHT TO TEST’ Pathway** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Y |  | | N | | | |  | | Don’t know | | | | | | | |
| **Additional Clinical Information / referral letter**  **If this case has been discussed with the secondary care clinical team, please specify with whom, when and advice given:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Patient summary to include; past medical history; recent investigations; recent blood test results; current, acute and repeat medication last 6 months** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please select if Yes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Is the patient anticoagulated? | | | | | | | | | | | | | |  | | | | | | Warfarin | | | | |  | | | | | | Aspirin | | | | | | | | | | | | | | |  | | | DOAC | | | |
| **Past Medical History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Recent Investigations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Recent blood test results** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Medication** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Repeats | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Known Allergies:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **If eRS is not available or in business continuity please use relevant trust email address for urgent suspected cancer referral** |

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| **Accessible Information Needs (AIS):** |  |

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| Developed in collaboration with NHS Surrey and Sussex Cancer Alliance |