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| **Suspected Cancer Referral Form: Lung and Pleural Cancer** |

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| **Please refer to the Frimley Health Suspected Cancer Guidelines before completing this form** |
| To make a referral via eRS please use: | Speciality**:** **2WW** Clinic Type**:** **2WW** - Lung |

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| **PLEASE ARRANGE AN EMERGENCY ADMISSION IF THERE IS EVIDENCE OF SUPERIOR VENA CAVA OBSTRUCTION OR STRIDOR** |
| **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: |   | Language: |   | Interpreter required: |   |
| 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: |   |
| 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 |
|   | 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 or Learning Disabilities:** |
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| **Carer/Keyworker name** |   | **Contact details** |   |
| **Relationship to Patient** |   |
| Is transport likely to be required? | Y |   | N |   |  |
| **Clinical Details**  |
| **Weight** |   | **Height** |   | **BMI** |   |
| **Smoker /** **ever smoked** |   | **Asbestos Exposure** |   | **Alcohol units** |   |
| **Reason for suspected lung cancer referral** |
|   | Abnormal chest X-ray (CXR) findings that suggest lung cancer / mesothelioma  |
|   | Age ³40 years with [unexplained](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#unexplained) haemoptysis |
|   | Normal CXR but high suspicion of lung cancer *(please include symptoms in additional information)*  |
|   | Abnormal CT scan suggestive of lung cancer  |
| **NOTE: please include imaging reports if undertaken at an alternative site including imaging through private providers.** |
|   | Referral is due to CLINICAL CONCERNS that do not meet NICE/SSCA referral guidance. Please include any additional clinical concerns: |
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| **Investigations** |
| Blood Test (less than 12 weeks old) |
|   | eGFR |
|   |
|   | U&E |
|   |
|   | FBC |
|   |
| **See hyperlink to referral guide –** **lung cancer****Criteria for a direct access urgent chest X-ray with 2 weeks:****³40 years and either one symptom** if the patient is a smoker / ever smoked / asbestos exposure or **two symptoms** for never smoked: |
|   | Cough |   | Weight loss  |
|   | Chest pain (non cardiac) |   | Appetite loss  |
|   | Shortness Of Breath  |   | Shoulder pain (no obvious cause)  |
|   | Fatigue |  |  |
| **³40 years and any of the following**  |   | Chest signs consistent with lung cancer or pleural disease |
|   | [Persistent](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#persistent) or recurrent chest infection |   | [Persistent](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#persistent) hoarseness of voice |
|   | Finger nail clubbing  |   | Thrombocytosis |
|   | Supraclavicular lymphadenopathy |  |  |
|   | [Persistent](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#persistent) cervical lymphadenopathy |  |  |
| **Where Direct Access CT is available, please use the following guidance:****North West Surrey**: For patients over 40 fulfilling NICE guidance please use the direct access lung CT pathway on ICE. For any patients under 40, please complete this referral form. **Guildford and Waverly:** For patients over 40 fulfilling NICE guidance please request direct access Chest Abdo CT pathway on Radiology ICE. For any patients under 40, please complete this referral form.**Surrey and Sussex Healthcare NHS Trust**: Please use the RAPID DIAGNOSTIC PATHWAY FOR LUNG CANCER. Please refer the patient for a CXR and select the box ‘CWT Urgency on ICE’, then write ‘RAPID LUNG’ in the free text box. Patients need to attend between 9am and 11am Mon-Fri at the East Surrey site. |
| **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:** |
|   |
| **Patient summary to include; past medical history; recent investigations; recent blood test results; current, acute and repeat medication last 6 months** |
| Is the patient taking Metformin?  |   | Y |   | N |  |
| Is the patient anticoagulated?  |   | Y |   | N | **AND/OR** on anti-platelets |   | Y |   | N |  |
| If Yes, please give details: |   | Warfarin |   | Aspirin |   | DOAC |   | Others please specify: |
|   |
| **Past Medical History** |
|   |
| **Recent Investigations** |
|   |
| **Recent blood test results** |
|   |
| **Medication** |
| Acute |
|   |
| Repeats |
|   |
| **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 |