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| **Suspected Skin Cancer Referral Form** |
| **Please refer to the Frimley Health** **Suspected Cancer Guidelines** **before completing this form.** |
| All GP referrals to the Suspected Skin Cancer Pathway must be submitted using the online NHS e-Referral Service (e-RS) | Speciality: **2ww** Clinic Type: **2ww Skin** |
| Heatherwood and Wexham Park |   |  |
| Frimley Park Hospital |   |  |
| **Please note that this form will be audited for completeness** |

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| **Patient Details** |
| Surname: |   | Date of Birth: |   |
| Forename: |   | Sex: |   |
| Address: |   | Ethnicity: |   |
| NHS Number: |   |
| Hospital Number: |   |
|  | Interpreter required? | Yes |   | No |   |
| Please state number(s) for use in the next 24 hours: | **X** | Patient agrees to telephone message being left? | Yes |   | No |   |
| Daytime Telephone: |   |   | Is the patient aware this is a suspected cancer referral? | Yes |   | No |   |
| Work Telephone: |   |   |  |  |  |  |
| Mobile Telephone: |   |   | 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 Suspected Cancer Fast track leaflet? | Yes |   | No |   |  |  |  |  |
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| **GP Details** |
| GP Name: |   | Telephone Number: |   |
| Address: |   | **Direct number if appropriate:** |   |
|   | Date of Referral: |   |
| Date Referral Received: |   |

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| **Suspected Skin cancer Type - Please select** | Melanoma |   | Squamous cell carcinoma |   | Basal Cell Carcinoma (high-risk only, please see criteria below) |   |
| **Melanoma - Urgent Referral:** Excision in primary care should be avoided ***(If you have excised a clinically unsuspected melanoma, it is essential to attach a copy of the histopathology report and notify the patient of their diagnosis prior to referring)*** |   |
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| **MAJOR** (scoring 2 points each) | **MINOR** (scoring 1 point each) | **SCORE** |   |
|   | Change in size |   | Largest diameter ³7mm |  |
|   | Irregular shape |   | Inflammation | Suspicious lesion scoring ³3 on the weighted list, or if you strongly suspect cancer, any 1 feature = TWR. |
|   | Irregular colour |   | Oozing |
|  |  |   | Change in sensation |
|   | Consider urgent referral of pigmented or non-pigmented lesion suggestive of nodular melanoma |
|   | Dermatoscopy findings suggestive of malignant melanoma. Please describe findings below: |
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| **Squamous cell carcinomas**  | ***Excision in primary care should be avoided*** |
| **Non-healing, ulcerated, keratinised or crusted tumours** | Larger than 1cm with significant induration on palpation - Commonly found on the face, scalp or back of the hand with a documented expansion over 8 weeks |   |
| **Histological diagnosis** | Of a squamous cell carcinoma - It is essential to attach a copy of the histopathology report |   |
| **Organ transplant** | Patient has had an organ transplant and has developed a new or growing cutaneous lesions - squamous cell carcinoma is common with immunosuppression but may be atypical and aggressive |   |
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| **Basal Cell Carcinomas** Low-risk suspected BCC referrals should be made routinely, please only send high-risk BCCs via suspected cancer referral form. |   |
| Consider referring suspected BCC **ONLY** for: |  |
| * Lesions that are suspicious of a BCC and are in an anatomically difficult position e.g. eyelids, auditory canal, lip or are rapidly enlarging.
 |   |
| * Any BCC in an immunosuppressed person that also fulfills the above criteria.
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| **Please complete for all Suspect Skin Cancers** |
| Typically patients should be assessed and examined prior to referral please indicate here if this has occurred: |
| Yes |   | No |   |  |  |  |  |  |  |  |  |  |
| **SITE of lesion:** |   | **SIZE:** |   | **DURATION:** |   |
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| **\*\*\*\* PLEASE ENSURE THAT A PHOTO IS SUBMITTED WITH THIS REFERRAL \*\*\*\*** * **Patient guidance on how to send pics via AccuRx** – [Pt guidance and consent](https://support.accurx.com/en/articles/3925716-my-gp-has-asked-me-to-respond-to-a-text-send-them-a-photo)
* **GP guidance on how to request pics via AccuRx** – [GP guidance](https://support.accurx.com/en/articles/3793046-how-to-send-a-message-that-a-patient-can-respond-to-with-text-or-photo)
 |
| Photo attached | Yes |   |  |
| No |   | (Patient did not consent) |
| No |   | (Patient does not have smart phone / unable to take pics) |
| No |   | (Lesion is at an inappropriate location for photography) |
| No |   | (Other reasons – specify in the box **Reasons for not attaching photos**) |
| Not applicatble |   | (specify in the box **Reasons for not attaching photos**) |
| Reasons for not attaching photos |   |

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| **Performance 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. |   |

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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 Diagnoses** |
|   |
| **Past Medical History** |
|   |
| **Recent Investigations** |
|   |
| **Recent Blood Test Results** |
|   |
| **Medication** |
|   |
| **Other Information** |
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| **Accessible Information Needs (AIS):** |   |