|  |
| --- |
| **Suspected Cancer Referral Form: Head and Neck Cancer** |
| **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** Head and Neck |

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

|  |
| --- |
| **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 |
|   | 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:** |
|   |
|   |
|   |
| **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 |  |  |
|   |   |
|   | [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 |
| OR³45 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 |
|   |
| **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:** |
|   |
| **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** |
|   |
| **Recent Investigations** |
|   |
| **Recent blood test results** |
|   |
| **Medication** |
| Acute |
|   |
| Repeats |
|   |
| **Known Allergies:** |
|   |

|  |
| --- |
| **If eRS is not available or in business continuity please use relevant trust email address for urgent suspected cancer referral** |

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

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