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| Please refer to the Frimley Health Suspected Cancer Guidelines before completing this form. |
| **Hospital Reference Code: XSSSX** |
| **Suspected Lower GI Cancer Referral Form** |
| **Please refer to the Frimley Health Suspected Cancer Guidelines before completing this form.** |
| **All GP referrals to the Suspected Lower GI Cancer Pathway must be submitted using the online NHS e-Referral Service (e-RS).****Fax is no longer supported due to patient safety and confidentiality risks****All referrals should be made within 24 hours.** |
| **Speciality:** 2ww **Clinic Type:** 2ww Lower GI |

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| **Tick the Hospital Site you wish to refer** |
| Heatherwood and Wexham Park Yes |   |  |
| Frimley Park Hospital Yes |   |  |
| **Patient Details** |
| Surname: |   | Date of Birth: |   |
| Forename: |   | Sex: |   |
| Address: |   | Ethnicity: |   |
|  | NHS Number: |   |
|  |  | Hospital Number: |   |
|  |  | Interpreter Required? | Yes |   | No |   |

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| Please state number(s) for use in the next 24 hours:  | Patient agrees to telephone message being left? |
| Telephone Number(s): | Yes |   | No |   |  |
|   | Is the patient aware this is a suspected cancer referral? |
|   | Yes |   |  |  |  |
|   | Is the patient available for an appointment within the next 14 days? **(if not, please consider deferring this referral until patient becomes available)** |
| Is the patient available for 62 days from date of referral? | Yes |   |
| Has the patient been given a Suspected Cancer Fast track leaflet? | Yes |   | Yes |   | No |   |  |
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| **GP Details** |
| GP Name: |   | Telephone Number:**Direct number if appropriate:** |   |
|  |  | Practice Email: |   |
| Address: |   | Date of Referral: |   |
|  |   | Date Referral Received: |   |

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| ***Age Threshold*** | **Symptom description** | **X** |
| All Ages**U&E, FBC and Ferritin required** | **Rectal mass** - A definite palpable rectal (not pelvic) mass |  |   |  |
| **Abdominal mass** - A definite palpable abdominal mass |  |   |  |
| **Unexplained anal mass / ulceration** |  |   |  |
| **Endoscopy results suggestive of cancer** |  |   |  |
| Aged 50 and over**U&E, FBC and Ferritin required** | **Unexplained rectal bleeding for 4 weeks** |  |  |  |
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| All the below patients must have a **Faecal Immunochemical Test (FIT)** completed with result >10 in addition to below symptoms:**U&E, FBC, Ferritin and coeliac antibody** |
| Aged 40 and over | **Unexplained weight loss AND abdominal pain + FIT>10** |  |   |  |
| Aged under 50 | **Unexplained rectal bleeding, + FIT>10 AND any of the following:** |  |   |  |
| **Abdominal pain** |  |   |  |
| **Change in bowel habit** |  |   |  |
| **Unexplained weight loss** |  |   |  |
| **Iron deficiency anaemia**  |  |   |  |
| Aged 60 and over | **Changes in their bowel habit** |  |   |  |
|  | **Iron deficiency anaemia +FIT>10** |  |   |  |
| Any age | Referral due to ongoing **clinical concern, progressive or alarm symptoms** despite FIT <10 (see additional guidance and FAQs for further information) – please provide detail in free text box below – **FBC, U&E, Ferritin and coeliac antibody** |  |  |  |
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| Free text box: (FIT<10) |   |  |  |  |

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| **Additional MANDATORY clinical information required** |
| Please ensure the following recent results are available: |
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| Blood test (less than 8 weeks old): |
| eGFR | or date of test |   |
|   |
| Hb | or date of test |   |
|   |
| MCV | or date of test |   |
|   |
| **Ferritin** | or date of test |   |
|   |
| **Coeliac antibody** | or date of test |   |
|   |
| **Faecal Immunochemical Test** |
| FIT |
|   |
|  |
| **If Applicable:** |  |
| Date of last colonoscopy: |   |
| Date of last OGD: |   |
| **Frailty Assessment Score:** |
| 1 |   | **Very Fit** – robust, fully active, energetic and motivated and exercise regularly. |
| 2 |   | **Well** – no active disease symptoms but are less fit than category 0. occasionally exercise (Able to carryout light work) |
| 3 |   | **Managing Well** – medical problems are well controlled, but are not regularly active beyond routine walking. (Up and about 80% of waking time) |
| 4 |   | **Vulnerable** – While not dependent on others for daily help, symptoms limit activities (tired during the day). |
| 5 |   | **Mildly Frail** – often have more evident slowing, and need help in high order IADLs (progressively impairs light work). |
| 6 |   | **Moderately Frail** – need help with all outside and household activities including self-care. |
| 7 |   | **Severely Frail** – Completely dependent for personal care, (physical or cognitive), but stable and not at high risk of dying within 6 months. (Confined to bed/chair 50%) |
| 8 |   | **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness. (No self-care, confined to bed/chair 100%) |
| 9 |   | **Terminally Ill** - Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail. |
| **Information required to assess fitness for further investigations** |
| Is that patient fit for bowel prep at home? | Yes |   | No |   |  |
| Is the patient fit for day case sigmoidoscopy? | Yes |   | No |   |  |
| Is the patient taking iron? | Yes |   | No |   |  |
| Is the patient anticoagulated? *(please ensure this is specified in the medication list)* | Yes |   | No |   |  |
| Is the patient diabetic? | Yes |   | No |   |  |
| Is the patient on hypertensive medication? | Yes |   | No |   |  |

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| **Free text box for additional clinical information / Referral letter / COVID RISK STATUS / ISOLATION STATUS** |
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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** |
|   |
| **Current Diagnosis** |
|   |
| **Past Medical History** |
|   |
| **Recent Investigations (free text)** |
|   |
| **Recent Blood Test Results (free text)** |
|   |
| **Medication** |
|   |
| **Other Information** |
|   |

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