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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**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1046) | |
| 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](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 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | U&E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | FBC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **See hyperlink to referral guide –** [**lung cancer**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1046)  **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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | |
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| **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 |