



Suspected ENT Cancer - Referral Form

For patients who need to be seen within 2 weeks

| | | | |
|------------------|--|---|--|
| Date of Referral | | | |
| Patient Name | | Referring GP | |
| Patient Address | | GP Address | |
| Patient Postcode | | GP Postcode | |
| Date of Birth | | Fax No. | |
| NHS No. | | Surgery Tel No. | |
| Tel No. | | Hospital No. | |
| Mobile No. | | Please check that the patient's phone numbers are correct | |

- Confirm that your patient understands that they have been referred onto a "suspected cancer pathway"
- Confirm that your patient has received the [information leaflet](#)
- Confirm that your patient is available to attend an appointment within 2 weeks of this referral**.

** If, after discussion, your patient chooses to **not** attend within 2 weeks, when will they be available?

Please tick any of the criteria listed below:

- Unexplained and persisting **hoarseness** for >6 weeks (lung cancer excluded)
- **High / cervical dysphagia** persisting for > 3 weeks
- Unilateral **nasal obstruction**
- Unexplained and persistent **lump / mass in neck**
- **Thyroid lump** where scan has shown suspicious features (include scan report)

Additional information: