



Suspected Lung Cancer - Referral Form
For patients who need to be seen within 2 weeks

Table with patient and GP details including Date of Referral, Patient Name, Patient Address, Patient Postcode, Date of Birth, NHS No., Tel No., Mobile No., Referring GP, GP Address, GP Postcode, Fax No., Surgery Tel No., Hospital No., and a note to check phone numbers.

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

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

- Suspicious CXR result from radiology (including unexplained unilateral effusion)
Age >40 with unexplained haemoptysis
Strong suspicion that patient has lung cancer

Additional information (including clinical details):