



Suspected Upper GI Cancer – Referral Proforma

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 ([hyperlink](#))
- 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?

- Confirm that your patient understands their 1st appointment may be a **gastroscopy** and that you have discussed alternatives
- Confirm that the patient is fit to go straight to **gastroscopy**

Condition details (tick appropriate box)

Patients meeting any of the criteria in this section will be booked directly for **gastroscopy** arranged by the hospital:

Dysphagia

Age ≥55 with **weight loss** and **upper abdominal pain**

Age ≥55 with **weight loss** and **reflux**

Age ≥55 with **weight loss** and **dyspepsia**

Upper abdominal mass (suspected oesophago-gastric aetiology)

Patients meeting any of the criteria in this section will have an outpatient appointment arranged by the hospital: Attach copies of the radiology reports with this referral form

- Suspected oesophago-gastric cancer found on imaging**
- Suspected primary liver cancer found on imaging**
- Suspected gall bladder cancer found on imaging**
- Suspected pancreatic cancer found on imaging**

Patients meeting this criterion will have an outpatient appointment and an ultrasound scan arranged by the hospital:

Age ≥40 with obstructive **jaundice** (otherwise well)

If patient is **unwell** and has **painful** jaundice admit to **General Surgery on Call**

NB : If patient is Age ≥ 60 with **iron deficiency anaemia** (confirmed by haemoglobin and ferritin levels) please refer to Lower GI/Colorectal 2ww referral form.

Please attach a relevant, up to date, patient history.

EXAMPLE ONLY - refer via RSS

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Responsible GP: Dr Jenni Lawrence	Responsible Consultant: Mr Kostantinos Lasithiotakis	