



Suspected Malignant Lymph Nodes – Referral Form (Below Clavicle)

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?

Why are there concerns about these lymph nodes?

please specify

- Site of suspected malignant lymph node - axilla
- Site of suspected malignant lymph node - groin
- Site of suspected malignant lymph node - other please specify

For Suspected malignant lymph nodes above clavicle – refer by using Maxillofacial / Head & Neck Suspected Cancer Referral Form (category “unexplained and persistent lump/ mass in neck”)

For suspected malignant lymph nodes in patients with previous breast cancer – refer by using Suspected Breast Cancer Referral Form