

ENT CANCER REFERRAL FORM

URGENT (WITHIN 14 DAYS) APPOINTMENT REQUEST

Please do not use this pro-forma if your patient does not have symptoms as defined in the NICE 2015 Referral Guidelines for Suspected Cancer - **please see flowchart overleaf. ALL FIELDS TO BE COMPLETED.**

Patient				Referrer	
Title		Surname		GP Name	
First Name				GP Telephone Number	
Address				GP Address	
Postcode		DOB		GP Fax number	
Gender		Age		Is an interpreter required? If so, which language?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone (Home)				Does the patient have a learning disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone (work)				If transport is required, GP must arrange transport for first visit.	
Telephone (Mobile)				Date of decision to Refer	
NHS Number				Date of Referral	
E-mail address (Please print)					

N.B – Please note that up to date patient contact details and a telephone number where the patient can be reached during office hours (08:30am – 18:00pm) are essential to allow us to offer your patient a date within seven days of your referral.

The patient must make themselves available to attend an appointment within the next 14 days	
Is the patient aware of the possible diagnosis of cancer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 week wait patient information leaflet given?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Patient's Performance Status:	0 <input type="checkbox"/> Normal activity/well 1 <input type="checkbox"/> Normal activity but symptomatic 2 <input type="checkbox"/> Resting <50% of the day 3 <input type="checkbox"/> Resting >50% of the day 4 <input type="checkbox"/> Bed bound / inability to self-care
Patient's BMI: (To enable assessment for potential surgery)	
Any Additional Comments:	

Please attach a brief summary of the patient's history, current medication list and a copy of any imaging reports.

Suspected
ENT Cancer

Please tick reasons for referral

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)

2WW
Referral