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| **Please attach the completed document using the e-Referrals service:**  NPD9878  **DERMATOLOGY MELANOMA (incl. 2WW)** | | | | |  | |
|  | **SECTION 1 - PATIENT DEMOGRAPHIC DETAILS** | | | **MOBILITY & COMMUNICATION** | |
| **Title:** <Patient Name> | | **FIRST NAME:** <Patient Name> | **Mobility****:**      <Diagnoses> | |
| **Date of Birth:** <Date of birth> | | **SURNAME:** <Patient Name> | **Tick if Transport required : Y** | |
| **Age**: **<Patient Age>** | **Gender: <Gender>** | **NHS number:** <NHS number> | **Language:** <Diagnoses> | |
| **Ethnicity:** <Diagnoses> | | **Carer status:**       <Diagnoses> | **Tick if Interpreter required?: Y** <Diagnoses> | |
| **Contact Details:**  \_ Please check these are up to date  <Patient Contact Details> | | | **Tick if Communication / Capacity issues:** **Y**  <Diagnoses> | |
| **Address:**  <Patient Address> | | | **Accessible Information Standards:**  <Diagnoses> | |
| **1a –REFERRING PRACTICE INFORMATION** | | | | |
| **Referring GP** | | | **Date of Referral:** <Today's date> | |
| **Practice Address:** <Usual Branch Address> | | | | |
| **Telephone:** <Usual Branch Address> | | | | |

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|  | **SECTION 2: CINICAL DETAILS: (GP Please complete - please TICK all applicable entries)** | | | | | | | | | | |
| **CHARACTERISTICS:** | | **MAJOR FEATURES: -** 7 point checklist | | | | **RISK FACTORS:** | | | | |
| mm (usually > 7mm) | | Change in size  Irregular shape  Irregular colour | | | | Family history  Multiple naevi  Fair skin / Poor tanning  Excessive UV exposure  None | | | | |
| **LOCATION:** | | **MINOR FEATURES OF LESIONS:** | | | |
| BACK  LOWER LEG  OTHER  Please specify: | | Largest diameter 7mm or more  Inflammation  Oozing  Change in sensation | | | |
| **ADDITONAL CLINICAL DETAILS – type or dictate / task (box will expand to fit – unprotect form to type in white area)** | | | | | | | | | | |
|  | | | | | | | | | | |
| Patient Fitness (ECOG STATUS)  : **<Numerics>** | | | | | [**0**](https://ecog-acrin.org/resources/ecog-performance-status) | | [**1**](https://ecog-acrin.org/resources/ecog-performance-status) | [**2**](https://ecog-acrin.org/resources/ecog-performance-status) | [**3**](https://ecog-acrin.org/resources/ecog-performance-status) | [**4**](https://ecog-acrin.org/resources/ecog-performance-status) |
| Has the patient been told of the suspicion of cancer? | | | | | | | | | **Yes** | **No** |
| Is the patient aware that they have been referred on the “Two Week Wait” pathway? | | | | | | | | | **Yes** | **No** |
| Does the patient have any holidays planned in the next 2 weeks? | | | | | | | | | **Yes** | **No** |
| Has the patient been provided with an information leaflet on 2WW pathway? (see below) | | | | | | | | | **Yes** | **No** |
|  | **2WW PIL** | [**English**](https://ehsweb.nnotts.nhs.uk/FileView/2ww_patient_leaflet.pdf) | | [**Urdu**](https://ehsweb.nnotts.nhs.uk/FileView/2%20week%20wait%20leaflet%20Urdu.pdf) | [**French**](https://ehsweb.nnotts.nhs.uk/FileView/2%20week%20wait%20leaflet%20French.pdf) | | | [**Polish**](https://ehsweb.nnotts.nhs.uk/FileView/2%20week%20wait%20leaflet%20Polish.pdf) | | [**Cantonese**](https://ehsweb.nnotts.nhs.uk/FileView/2%20week%20wait%20leaflet%20Cantonese.pdf) | |
| **BMI**:<Latest BMI> | | | | **BP:** <Blood Pressure Configurable> | | | | | | |
| **Latest Weight:** <Numerics> | | | | **Hb:** <Numerics> | | | | | | |
| **Hba1c:** <Numerics> | | | | **Pulse:** <Numerics> | | | | | | |
|  | **Frailty:** <Diagnoses> | | | | **eGFR:** <Numerics> | | | | | | |
|  | **Smoker**: <Diagnoses> | | | | **Alcohol**: <Diagnoses> | | | | | | |

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|  | **SECTION 3 - PAST MEDICAL HISTORY** |
| **PROBLEMS / SUMMARY** |
| **These are the problem entries:**  **Major Problems**  <Problems(table)>  **Minor Problems**  <Problems(table)>  **These are the summary entries:**  **Major Summary**  <Summary(table)>  **Minor & Unspecified Summary**  <Summary(table)> |
| **MEDICATION** |
| **Current Repeats Medication**  <Repeat Templates(table)>  **Current Acute Medication:** (this will show hospital / dental medications if added to Systmone)  <Medication(table)> |
| **ALLERGIES AND SENSITIVITIES** |
| **Allergies and Sensitivities**  <Allergies & Sensitivities(table)> |

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| **Hospital Use Only:** | Date referral received: | | Date of Clinic Appt: |
| Pt Contacted Y  /N | Interpreter Booked Y  /N | Transport Booked Y  /N |

[Scroll to the top](file:///C:\apps\tpp\temp\1568043026816_B6396978482_WLT6656017_1568043027272.docm#_top)