**2WW** Sherwood Forest Hospitals (NHS) Foundation Trust

**KINGS MILL HOSPITAL**

**2 WEEK WAIT CANCER REFERRAL FOR SUSPECTED SKIN MALIGNANCY**

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| **Patient Details** | | | | **Practice Details** | |
| NHS No.: | <NHS number> | | | Referring GP: | <Sender Name> |
| Surname: | <Patient Name> | | | Registered GP: | <GP Name> |
| Forename (s): | <Patient Name> | DOB | <Date of Birth> | GP Phone Number: | <Sender Details> |
| Previous Surname: | <Patient Name> | | | GP FAX Number: | <Sender Details> |
| Address:  Postcode: | <Patient Address>  <Patient Address> | | | Date of decision to refer: | <Today's date> |
| GP Practice Address: | <Sender Details>  <Sender Address> |
| Marital Status: | <Marital Status> | Sex | <Gender> |
| Tel No. (Home): | <Patient Contact Details> | | |
| Tel No. (Work): | <Patient Contact Details> | | |
| Mobile No.: | <Patient Contact Details> | | |

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| **For Trust use only** – **Confirmation of Electronic Referral Information** | | |
| Hospital Number: | Date of Appointment: | Time: |
| Speciality: | Consultant: | |

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| **Section A: Referral Information -** Please put a **X** in appropriate box |
| Diagnosis suspected: **A1.**  Melanoma  **A2.**  Squamous cell carcinoma |

**Relevant History** (please complete and / or put an tick in the correct box)

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| **Suspected Squamous Cell Carcinoma** | | | **Suspected Melanoma** | | |
| Location: |  | | Location: |  | |
| Size: |  | | Size: |  | |
| Duration: |  | | Duration: |  | |
| Crusted with significant induration | | | **Major features** | | **Minor features** |
| Documented expansion > 8 weeks | | | Growing in size | | Largest diameter 7mm or more |
| Histological diagnosis of SCC | | | Irregular shape | |
| New / rapidly growing lesion | | | Irregular colour | | Inflammation |
| Crusting / Non healing lesion | | | **Risk factors** | | Oozing |
| **Risk factors** | | | Family history | | Change in sensation |
| Prolonged UV exposure | | Immunosuppression | Multiple naevi | |  |
| Fair Skin | |  |
| **Diagnosis** | | |  | | |
| Confirmed on biopsy | | Report enc |
| **Suspected Basal Cell Carcinoma** (where delay may harm the patient) | | |
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| **Has the patient been told of the suspicion of cancer?** | Yes | No |
|  |  |
| **Has the patient any holidays planned in the next 3 weeks?** |  |  |
| **It is important the relevant information sheet is given to the patient when they are referred under the 2WW priority.** | | |

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| **Patient Advice and Liaison** | |
| Has patient been told of suspicion of cancer? |  |
| Is the patient available within the first 14 days of referral? (if not, then consider referring when patient is available to attend) |  |
| Has patient been given suspected cancer leaflet? |  |
| Is Language Line needed? |  |
| Does the patient have a diagnosis of dementia? | Yes /  No |
| Does the patient have the capacity to consent?  If NO;   * Is there a ‘power of attorney for health and wellbeing’?   Please advise the ‘attorney’ to attend the appointment with the patient and  provide a copy of the appropriate documentation for our records.   * Is there an ‘advanced decision to refuse treatment (ADRT)’?   Please provide a copy of the appropriate documentation for our records. | Yes /  No  Yes /  No  Yes /  No |
| **Any Additional Information (Please attach current medication and relevant past medical history):** | |
| **Examination** | | |
| **Reason for Referral:**    <Event Details> | | |
| **Medical Problems:**    <Problems>  <Summary> | | |

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| **Section D: Past Medical History and Social History** |
| **D1**. History of skin cancer  Yes  No  If yes: Diagnosis:       Site:       When:  **D2**. Other medical history:  **D3**. Occupation:  **D4.** Smoker  Yes  No  <Diagnoses>, <Numerics> |

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| **Section E: Drug History and Medication** |
| Acutes - <Medication>  Repeats - <Repeat templates>  **Allergies:**  <Allergies & Sensitivities> |

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| **Section F: Comments/other reasons for urgent referral** |
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| **WHO Performance Status:** | | |
|  | **0** | Fully active |
|  | **1** | Restricted in physically strenuous activity but ambulatory and able to carry out light work |
|  | **2** | Ambulatory and capable of self-care, unable to carry out work activities, up & about 50% of waking hours |
|  | **3** | Capable of only limited self-care, confined to bed/chair 50% of waking hours |
|  | **4** | No self-care, confined to bed/chair 100% |

**Blood Results (Last 2m):**

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| --- | --- | --- | --- | --- |
| **FBC** | <Numerics> | Hb <Numerics>, WCC <Numerics>, Plts <Numerics>, MCV <Numerics>, Neut <Numerics> | | |
| **UE** | <Numerics> | Na <Numerics>, K <Numerics>, Urea <Numerics>, Creat <Numerics>, eGFR <Numerics> | | |
| **LFT** | <Numerics> | ALT <Numerics>, Alk Phos <Numerics>, Bili <Numerics>, Alb <Numerics>, GGT <Numerics> | | |
| **CRP** | <Numerics> | <Numerics> | **ESR** | <Numerics> |
| **TFTs** | <Numerics> | TSH <Numerics>, Free T4 <Numerics> | **INR** | <Numerics> |
| **Bone** | <Numerics> | Ca <Numerics>, Ca cor <Numerics>, Ca adj <Numerics>, Phos <Numerics> | | |
| **Iron** | <Numerics> | Ferritin <Numerics>, Iron Saturation <Numerics>, TIBC <Numerics> | | |
| **Vitamins** | <Numerics> | B12 <Numerics>, Folate <Numerics> | | |
| **Lipids** | <Numerics> | Chol <Numerics>, LDL <Numerics>, HDL <Numerics>,Chol:HDL ratio <Numerics>, Tri <Numerics> | | |
| **Random Glucose** | | <Numerics> | **Fasting Chol.** | <Numerics> |
| **Fasting Glucose** | | <Numerics> | **HbA1c** | <Numerics> |