**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 [ ]  NoIf 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> |