

Colorectal Suspected Cancer referral
(two-week wait referral)

Please **FAX** within **24 hours** to Cancer Two Week Wait Office on **01225 821436**

or e-mail to RUH-TR.CancerReferrals@NHS.net. This form should only be used for patients who meet the NICE referral criteria for suspected cancer (2005).

Section 1: PATIENT INFORMATION (Please complete in BLOCK CAPITALS)		
SURNAME	Date of Referral	/ /
	Date of Birth	/ /
FIRST NAME	NHS Number	
	Date patient <u>un</u> available in the next 14 days.	
MR MISS MRS MS OTHER _____	M { } F { }	
ADDRESS POST CODE:	Day time phone	Mobile phone
	Language	Interpreter Y N
	Transport Y N	Ethnicity
Section 2: Practice Information (Please use practice stamp if available)		
REFERRING GP	Locum Y N	
Practice Address Post code: E-mail address:	Telephone	
	Fax	

<p>Section 3: CLINICAL INFORMATION (Please tick all applicable entries) Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY</p>	
<p>All referral forms will be triaged by a clinician to decide the most appropriate diagnostic procedure.</p> <p>Patients may have lower gastro-intestinal endoscopy at their first appointment and must therefore be suitable for a day case procedure.</p> <p>Would the patient be able to manage oral bowel preparation at home <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the patient suitable for a day case procedure <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If your patient is NOT suitable, please indicate this as part of the accompanying information.</p>	
<p><input type="checkbox"/> 40 years and older with rectal bleeding and change in bowel habit which is defined as change to loose stools &/or increased frequency of defecation persisting for <u>6 weeks or more.</u></p> <p><input type="checkbox"/> 60 years and older with rectal bleeding persisting 6 weeks or more without change in bowel habit, as defined above, or anal symptoms.</p> <p><input type="checkbox"/> 60 years and older with change in bowel habit, as defined above, <u>for 6 weeks or more.</u></p> <p><input type="checkbox"/> Palpable rectal mass</p> <p><input type="checkbox"/> lower abdominal mass consistent with involvement of the large bowel.</p>	<p><input type="checkbox"/> men with unexplained iron deficiency anaemia and haemoglobin of 11g/100ml or below.</p> <p><input type="checkbox"/> Non-menstruating women with unexplained iron deficiency anaemia and haemoglobin of 10g/100ml or below.</p> <hr/> <p>Duration of symptoms _____</p> <p>Abdominal pain present? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HB_____ Ferritin_____</p> <p>MCV_____ CREA_____</p>
<p><i>If your patient does not meet any of these criteria, or if the patient has severe symptoms, please contact the colorectal team to discuss the referral. Contacts details are included in section 5 of this form.</i></p>	
<p>MEDICAL HISTORY KNOWN ALLERGIES AND MEDICATION</p>	
<p>COMMENTS/OTHER REASONS FOR SUSPECTING CANCER</p>	

Section 4: Referral Monitoring Information	
Decision to refer date:	Referral received date:
<p>Has this urgent suspected cancer referral been discussed with the patient? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Does the patient understand that this referral is being made for a suspected cancer? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Has the patient been given the relevant patient information literature? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	
Section 5: Criteria for urgent suspected cancer referral	
<p>This section provides a link to the NICE Guidance in respect of Colorectal Cancer and supplies contact details for the provider and department</p> <p>www.nice.org.uk/CG027</p> <p>Information about suspected colorectal cancer is provided in the Lower Gastrointestinal Cancer in section 1.5 on page 20.</p> <p>The Colorectal clinical service at the RUH is provided by:</p> <p>Mr Mike Williamson, Lead Clinician, Mike.Williamson@ruh-bath.swest.nhs.uk, 01225 824922 Ms Siobhan John, Colorectal Lead Nurse, colorectal.nurses@ruh-bath.swest.nhs.uk, 01225 825836</p> <p>General queries about the two-week wait process for suspected cancers should be addressed to the Cancer Manager, Sarah Hudson on Sarah.Hudson@ruh-bath.swest.nhs.uk 01225 824042</p>	
Section 6: For Hospital Use	
Date of 1st Appointment	Patient informed by <input type="checkbox"/> letter <input type="checkbox"/> telephone
<p>NOTE: CLINICAL EMERGENCIES Please note that the two-week wait referral form should not be used if you believe that your patient needs to be seen as an emergency. In this circumstance, please refer your patient as an emergency in the normal way.</p>	