

SUSPECTED LOWER GASTRO-INTESTINAL CANCER REFERRAL FORM

Referrals to be sent via e-RS or e-mail RUH-TR.CancerReferrals@nhs.net

Referrer Details	Patient Details	
Name:	DoB:	
Address:	Address:	Gender:
		Hospital No.:
		NHS No:
Tel No:	Home No.:	<i>Please check tel. nos.</i>
	Mobile No.:	
Email:	Carer requirements (has dementia or learning difficulties)?	Does the patient have the capacity to consent? Yes <input type="checkbox"/> No <input type="checkbox"/>
Decision to Refer Date:	Translator Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Transport required: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Language:	Mobility:
	Requires lip speaker language	

Level of Concern

I think it is likely that this patient has cancer, and would like the patient to be investigated further, even if the first test proves negative, including a Consultant to Consultant referral if deemed appropriate. All non-site specific symptoms (e.g. iron deficiency anaemia, unexplained weight loss) are listed in the clinical details section below.

Clinical details

Please detail your conclusions and what needs excluding or attach referral letter.

Colorectal cancer

- Rectal or abdominal (but not pelvic) mass
- Tests show occult blood in their faeces (please see the note below)*
- Aged 40 and over** with unexplained weight loss and abdominal pain **or**
- Aged under 50** with rectal bleeding **and** any of the following unexplained symptoms or findings:
 - Abdominal pain Change in bowel habit Weight loss Iron-deficiency anaemia
- Aged 50 and over** with unexplained rectal bleeding
- Aged 60 and over** with:
 - Changes in their bowel habit **or** Iron-deficiency anaemia
- Positive FIT test FIT Value: µg/
- and:
 - Aged 50 years and over with unexplained abdominal pain **or** weight loss

<input type="checkbox"/> Aged 50 to 60 with changes in their bowel habit or iron-deficiency anaemia <input type="checkbox"/> Aged 60 years and over and have anaemia – even in the absence of iron deficiency
Anal cancer
<input type="checkbox"/> unexplained anal mass or unexplained anal ulceration (consider)
Information required to book patient into right type of appointment
<ul style="list-style-type: none"> • Is the patient fit for bowel preparation/endoscopy and willing to undergo this type of procedure <input type="checkbox"/> Yes <input type="checkbox"/> No • Please confirm the following results are available: <i>If referring for iron deficiency, these results are essential</i> <ul style="list-style-type: none"> ○ <input type="checkbox"/> Ferritin, Stool sample, FBC, Hb, U & E, - within last 8 weeks ○ <input type="checkbox"/> Renal function inc eGFR - within the last 4 weeks inc eGFR
Iron-deficiency values: Male: <110g/l, Female: <100g/l

Blood Results:

FBC			
UE			
LFT			
CRP		ESR	
TFTs		INR	
Bone			
Iron			
Vitamins			
Lipids			
Random Glucose		Fasting Chol.	
Fasting Glucose		HbA1c	

Smoking status	WHO Performance Status:
BMI if available	<input type="checkbox"/> 0 - Fully active <input type="checkbox"/> 1 - Able to carry out light work <input type="checkbox"/> 2 - Up & about 50% of waking time <input type="checkbox"/> 3 - Limited to self-care, confined to bed/chair 50% <input type="checkbox"/> 4 - No self-care, confined to bed/chair 100%

Please attach additional clinical issues list from your practice system.
Details to include:
Medical Problems:
Medication:
Acutes
Repeats
Allergies:
Relevant Family History
Alcohol status

Radiology: (In last 6 months)

Minimum Data Set: (recordings in last 6months)

Blood Pressure

Heart rate

Height

Weight

Exercise tolerance:

Please confirm that the patient has been made aware that this is a suspected cancer referral: Yes No

Please confirm that the patient has received the two week wait referral leaflet: Yes No

Please provide an explanation if the above information has not been given:

If your patient is found to have cancer, do you have any information which might be useful for secondary care regarding their likely reaction to the diagnosis (e.g. a history of depression or anxiety, or a recent bereavement from cancer might be relevant) or their physical, psychological or emotional readiness for further investigation and treatment?

Date(s) that patient is unable to attend within the next two weeks:

If patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.

Trust Specific Details

For hospital to complete

UBRN:

Received date: