

Lung Suspected Cancer Referral (two week wait referral)

In accordance with NICE Guidance 2015

Please email to RUH-TR.CancerReferrals@NHS.net

or

FAX within 24 hours to Cancer 2 Week Wait Office on **01225 821436**

*** All shaded fields are mandatory – please note failure to complete all sections will result in a delay in processing this referral**

Section 1: Patient Information (Please complete in BLOCK CAPITALS)		Section 2: Practice Information (Please use practice stamp if available)
Surname:		Date of Referral: / /
First Name:	Mr Miss Mrs Ms Other	Referring GP:
Date of Birth: / /	M { } F { }	Locum? Y { } N { }
Address:		Practice Address:
Post code:		Post code:
Day time phone:	Mobile phone:	e-mail address:
Ethnicity?	Language?	Telephone:
Interpreter? Y { } N { }	Transport? Y { } N { }	Fax:
Section 3: Clinical History		
Please outline reason for suspecting lung cancer. Include significant past history, recent blood test results or other relevant information. Please enclose print outs of CURRENT medications. Is the patient on an Anticoagulant ?		

Section 4: Referral Monitoring Information	
Please confirm that the patient has been informed that they have been referred with suspected lung cancer? Y { }	
Section 5: Clinical Information, patients must meet one or more of the following criteria. (Please tick all applicable entries)	
<input type="checkbox"/> Persistent haemoptysis (in smokers or ex-smokers 40 years or older) <input type="checkbox"/> Chest X-Ray suggestive of lung cancer (incl pleural effusion and slowly resolving consolidation)	
Section 6: Performance Status	
<input type="checkbox"/> 0 – Able to carry out all normal activity without restriction <input type="checkbox"/> 1 – Restricted in physically strenuous activity, but able to walk and do light work. <input type="checkbox"/> 2 – Able to walk and capable of all self-care, but unable to carry out any work. Up and about for more than 50% of the waking hours. <input type="checkbox"/> 3 – Capable of only limited self-care, confined to a bed or chair more than 50% of waking hours <input type="checkbox"/> 4 – Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair.	
Section 7: Smoking Status	
<input type="checkbox"/> Current <input type="checkbox"/> Ex <input type="checkbox"/> Never	
Section 8: Imaging	
All patients referred to the 2WW clinic must have had a Chest X-Ray or CT scan within the last 4 weeks	
Date of X-Ray: _____ Date of CT scan: _____	
If not performed at the RUH please attach copy of report.	
Section 9: CT Scans	
If patient has not had a CT scan, please request a STAGING CT CHEST SCAN when sending this referral.	
Staging CT Chest scan requested: <input type="checkbox"/> Yes <input type="checkbox"/> Has had CT scan	
Section 10: Contact Details	
Queries about the Lung Cancer service at the RUH can be addressed by:	
Dr Masani , Lead Clinician, Secretary: 01225 821841	
Lung Cancer Nurse Specialists : 01225 821847	
Section 11: 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, e.g. signs of superior vena cava obstruction, stridor. In this circumstance, please refer your patient as an emergency in the normal way.	
Section 12: For Hospital use only	
Date of 1 st appointment: / /	Patient informed by: { } Letter { } Telephone