

CANCER OF UNKNOWN PRIMARY REFERRAL FORM

 Please email to ruh-tr.CancerReferrals@nhs.net

or

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

| Referrer Details | Patient Details | | |
|-------------------------|---|--|---------------|
| Name: | Forename: | Surname: | DOB: |
| Address: | Address: | | Gender: |
| | | | Hospital No.: |
| | | | NHS No.: |
| Tel No: | Tel No. (1): | <i>Please check telephone numbers</i> | |
| | Tel No. (2): | | |
| 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"/> | | Mobility: |
| | Language: | | |

Please ensure that all patients referred using this proforma have radiological evidence of metastatic disease and NO primary origin of this cancer. An urgent CT of the Chest, Abdomen and Pelvis should be ordered where GP direct access to this test is available.

Liver ultrasound, multiple metastases: scan location _____

If there is a solitary lesion, please refer using the Upper GI two week wait referral form

Other ultrasound: site examined _____

CT scan: chest/abdomen/pelvis _____

MRI: site examined _____ scan location _____

Bone Scan: scan location _____

Other Scan: _____

Clinical details

Please tell us your concerns and what needs to be excluded.

Previous diagnosis of cancer

YES : specify site _____ and month/year of diagnosis ____/____

Please attach as much information as possible about diagnosis, Hospital involved and treatment received

NO

Additional Information

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

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

The patient is fit enough to undergo further tests and inter-departmental referrals for cancer treatment. Yes No

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

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.

WHO Performance Status:

- 0** Fully active
- 1** Able to carry out light work
- 2** Up and about greater than 50% of waking time
- 3** Confined to bed/chair for greater than 50% of daytime
- 4** Confined to bed/chair 100%

Please attach additional clinical issues list from your practice system

Details to include:

Current medication, significant issues, allergies, relevant family history, smoking & alcohol status and morbidities

Trust Specific Details

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For hospital to complete

UBRN:

Received date: