**SUSPECTED SKIN CANCER REFERRAL FORM**Send via eRS to

2ww Suspected Cancer RAS Dermatology

**If eRS is not available for more than 24 hours, email** to [ruh-tr.CancerReferrals@nhs.net](mailto:ruh-tr.CancerReferrals@nhs.net)

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| **RUH Teledermatology Advice & Guidance has been sought prior to this referral**  **(via Consultant Connect, include Dermatoscopic images)** | **Yes**  **No**  |
| **Included a PDF report of the advice and guidance including images** | **Yes**  **No**  |
| **Please see the Preferred Referral Pathway document for more information** | |

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| **Referrer Details** | **Patient Details** | | |
| Name:  no data | Forename:  no data | Surname:  no data | DOB:  no data |
| Address: no data | Address: no data | | Gender:  no data |
| Hospital No:  no data |
| NHS No:  no data |
| Tel No: no data | Tel No (1): no data | | *Please check telephone numbers.* |
| Tel No (2): no data | |
| Email: no data | Carer requirements (has dementia or learning difficulties?) | | Does the patient have the capacity to consent?  Yes  No  |
| Decision to Refer Date: no data | Translator required? Yes  No   Language: no data | | Mobility: |

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| **Clinical Details: Please indicate below which suspect lesion type you are referring in the tick box** | | |
| Site of Lesion:  Have you provided Dermascopic images? Yes  No  | Size of Lesion: | Bandaging in situ? Yes  No   Is a hoist required? Yes  No  |
| Details of anti-coagulation: | BMI / Performance Status (WHO): | Immuno-suppressed? Yes  No  |

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| **Relevant additional clinical issues list e.g. anxiety, need for carers/relatives to be present/mental capacity issues.** |

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| **MELANOMA – Refer patients to rule out suspected malignant melanoma if they have a suspicious pigmented skin lesion with a weighted 7-point checklist score of 3 or more (cross boxes and calculate total):** | | | |
| **Major features (Scoring 2 points each)** | | **Minor features (Scoring 1 point each)** | |
| Change in size |  | Largest diameter 7mm or more |  |
| Irregular shape |  | Inflammation |  |
| Irregular colour |  | Oozing |  |
|  | | Change in sensation |  |

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| **SCC – to rule out suspected squamous cell carcinoma.** |

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| **BCC – Refer patients to rule out suspected HIGH RISK basal cell carcinoma if there is a particular concern that a delay may have a significant impact on a patient’s wellbeing.**  E.g. If the lesion has a diameter >2cm, or is at a difficult site, such as the tip of the nose, near the eye or upper lip, or there is either a large, infiltrative, or fast pattern of growth or recurrence, patient is immunosuppressed.  **Please use the routine referral process to rule out suspected basal cell carcinoma for patients who do not meet the particular HIGH-RISK criteria. All suspect BCCs without high-risk features will be allocated an urgent cancer appointment.** |

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| **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%   **4** Confined to bed/chair 100% |

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

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| Trust Specific Details: |
| For hospital to complete UBRN:  Received date: |