

2WW LUNG URGENT SUSPECTED CANCER REFERRAL FORM (adult)

Date of GP decision to refer: __/__/__

PATIENT DETAILS – please provide multiple contact details

Last name: _____ First name: _____

Gender: M / F DOB: / / Ethnicity _____

NHS No: _____

Address: _____

Telephone No (Day): _____ Telephone No (Evening): _____

Mobile No: _____

Contact details are accurate: Y N

Patient agrees to telephone message being left: Y N

Ambulance booking required: Y N

Email: _____

Language: _____ Interpreter: Y N

Smoking history: _____

GP/Clinician Details

GP/Clinician name and initials: _____

Practice code: _____

Address: _____

Telephone No: _____

Fax No: _____

Practice email address: _____

History of COPD: No Yes if yes MRC breathing score: ____ ____

Medical Research Council dyspnoea scale for grading the degree of a patient's breathlessness:

1. Not troubled by breathlessness except on strenuous exercise
2. Short of breath when hurrying or walking up a slight hill
3. Walks slower than contemporaries on the level because of breathlessness, or has to stop for breath when walking at own pace
4. Stops for breath after about 100m or after a few minutes on the level
5. Too breathless to leave the house, or breathless when dressing or undressing

The criteria are compliant with 2015 NICE guidelines for referring those with suspected cancer and not a substitute for your own clinical judgement or taking specialist professional advice as appropriate.

Performance Status (Adult) A WHO classification indicating a PERSON's status relating to activity/disability.

Please Tick

0	Able to carry out all normal activity without restriction	
1	Restricted in physically strenuous activity, but able to walk and do light work	
2	Able to walk and capable of all self-care, but unable to carry out any work. Up and about more than 50% of waking hours	
3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours	
4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair	

July 2019 v1.0

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ALL referrals must be accompanied by up to date (strictly within 28 days) U+E, FBC to allow timely onward investigation

Referral Criteria

2WW referral criteria:

- CXR suggests possible cancer
- 40 or over with unexplained haemoptysis
- **Normal CXR but significant ongoing clinical concerns**

Urgent CXR [within 2 weeks] if:

- Persistent or recurrent chest infection
- Finger clubbing
- Supraclavicular lymphadenopathy or persistent cervical Lymphadenopathy
- Thrombocytosis
- If chest signs compatible with pleural disease

Consider urgent CXR [within 2 weeks] if:

- 40 or over, never smoked, but 2 or more of the following:
OR
- 40 or over and previously smoked, with 1 or more of the following:
OR
- Any age with asbestos exposure and 1 or more of the following:
Cough Fatigue Shortness of breath Chest pain Shoulder pain Weight Loss Appetite Loss

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Symptoms and Signs

Investigations required for referral within the last month: but do not delay referral

Bloods (essential)

- U + E
- FBC
- Coagulation screen
- LFTs

Chest X-ray

PLEASE ATTACH COPY OF MOST RECENT CHEST X-RAY REPORT TO THIS 2WW REFERRAL (this enables prompt vetting for CT)

Scan

Has a recent CT Thorax been performed Yes / No?

If yes, date of recent scan __/__/__

Where (e.g. which hospital)?

Discussions with patient prior to referral

1. Has the patient been advised that the referral is to exclude a cancer diagnosis and has a 2WW patient referral leaflet been given?

2. Has the patient been given the details of his/her referral?

3. Is the patient available for their appointment in the next 2 weeks and do they understand how important it is to let the Practice and Hospital know ASAP if they cannot attend?

4. Has the patient been made aware that they may be contacted for a CT scan before their first hospital Lung clinic appointment and that they understand the importance of attending?

Medical History

Current medication: