

2WW SKIN URGENT SUSPECTED CANCER REFERRAL FORM (adult)

Date of GP decision to refer: __ / __ /

This section must be completed. Thank you.

PATIENT DETAILS – <i>please provide multiple contact details</i>	
Last name:	First name:
Gender: M / F	DOB: / / Ethnicity
NHS No:	
Address:	
Telephone No (Day):	
Telephone No: (Evening)	
Mobile No:	
Patient agrees to telephone message being left: Y <input type="checkbox"/> N <input type="checkbox"/>	
Ambulance booking required: Y <input type="checkbox"/> N <input type="checkbox"/>	
Email:	
Language:	Interpreter: Y <input type="checkbox"/> N <input type="checkbox"/>

GP/Clinician Details
GP/Clinician name and initials:
Practice code:
Address:
Telephone No:
Fax No:
Practice email address:

Referral Criteria

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.

This section must be completed. Thank you.

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	

Urgent referrals criteria (tick category) – **ALL referrals must be accompanied by up to date (strictly within last 28 days) U+E, FBC to allow timely onward investigation**

Suspected Malignant Melanoma
Refer if suspicious pigmented skin lesions with a weighted 7-point checklist score of 3 or more:
<ul style="list-style-type: none"> Major features of the lesion scoring 2 points each: <ul style="list-style-type: none"> - Change in size - Irregular shape - Irregular colour Minor features of the lesion scoring 1 point each: <ul style="list-style-type: none"> - Largest diameter 7mm or more - Oozing/crusting - Inflammatory response - Change in sensation
Refer for a pigmented or non-pigmented skin lesion that suggests nodular melanoma

Suspected Squamous Cell Carcinoma
Refer if rapidly growing non-healing lesion. Lesion may be tender, indurated, crusted, ulcerated, scaly or bleeding.

Suspected Basal Cell Carcinoma
Refer these lesions via non 2WW pathway unless concern about size and site having detrimental effect on outcome if not dealt with urgently. For practices piloting the teledermatology service please trial this route for a rapid response and possible direct booking to a minor surgery clinic.
Information to be included specific to this referral:
Location: Lower leg / back / face / scalp / back of hands / ears / other (Please specify) _____
Duration of lesion and change

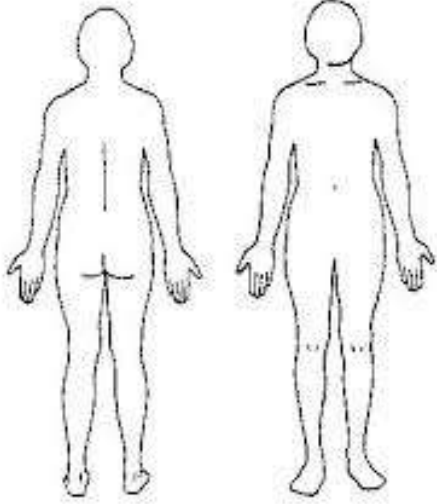
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History and Examination

For all lesions specify:



Please mark with X site/s of lesions

Site:

Size:

Nature of change:

Time period of change:

Description:

UV exposure:

Immune compromise risk:

Past Medical History

Current Medications

Allergies

This section must be completed. Thank you.

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 information on their actual appointment, time and place?
3. Is the patient available for their appointment in the next 2 weeks and so they understand how important it is to let the practice know ASAP if they cannot attend?