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| Text  Description automatically generated | | **HAEMATOLOGY**  ***Urgent Suspected Cancer (USC) referral***  ***Please refer via e-Referral Service*** | |
| **Please use separate children’s proforma for patients under 16** | |

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| **Patient details** | | | |
| **Patient Name** | ${firstname} ${surname} | | |
| **Address** | ${patientAddress}  ${postcode} | | |
| **DOB** | ${dob} | **NHS No.** | ${nhsNumber} |
| **Home Tel. No.** | ${home} | **Gender** | ${gender} |
| **Mobile Tel. No.** | ${mobile} | **Ethnicity** | ${ethnicity} |
| **Preferred Tel. No.** | ${preferredNumber} | **Email Address** | ${email} |
| **Main Spoken Language** | ${language} | **Interpreter needed?** | Yes  No |
| **Transport needed?** | ${transportNeeded} | **Patient agrees to telephone message being left?** | Yes  No |
| **Communication requirements** | Hard of hearing:  Visually impaired:  Learning/mental difficulties:  Dementia:  Has the patient capacity? Yes  No  Communication difficulties other: (please specify)  ${communicationDifficultiesOther} | | |
| **Safeguarding concerns?** | ${safeguardingConcerns} | | |
| **Date of Decision to Refer** | ${createdDate} | | |

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| **Registered GP details** | | | |
| **Practice Name** | ${practiceName} | | |
| **Registered GP** | ${usualName} | **Usual GP / Referring GP** | ${referringClinical} |
| **Registered GP**  **Address** | ${practiceAddress} | | |
| **Tel No.** | ${main} | **Fax No.** | ${fax} |
| **Email** | ${gpEmail} | **Practice Code** | ${practiceCode} |

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| **Patient engagement** | |
| **The patient has been informed that the reason for referral is to rule out or rule in Cancer.** |  |
| **Supporting information (USC leaflet) provided** |  |
| **The patient has been informed of the likely next pathway steps and the time in which they should be contacted?** |  |
| **The patient has confirmed that they are willing and available to be contacted and attend the hospital for appointments and tests within the required timeframes?**  **(and that this may include virtual or telephone consultations if appropriate)** |  |
| **Does the patient want a relative present at the appointment** | Yes  No |
| **Patient or Carer Concerns/ Support Needs at the point of referral:** | |
| ${carerConcernsOrSupportNeeds} | |

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| **Referral criteria** | | |
| **Acute leukaemia**  **Please discuss all cases with a Consultant Haematologist**  **Immediate or urgent action required (some patients may require admission)** | **Blood film suggestive of acute leukaemia** |  |
| **Chronic Leukaemia**  **(Suspected chronic lymphocytic leukaemia should usually be referred routinely,**  **if unsure please seek advice from your local Haematology team via email advice and guidance)** | Blood film suggestive of chronic leukaemia |  |
| **Lymphoma**  **Non-Hodgkin or Hodgkin Lymphoma (USC referral)** | Unexplained lymphadenopathy of over 2 cm (persistent for > 6 weeks) and/ or palpable splenomegaly (includes male patients with axillary lymphadenopathy, female patients with axillary lumps should be referred via the Breast pathway) |  |
| **Urgent Investigations for myeloma**  **Offer FBC, U&Es, Ca and ESR to patients aged ≥50 with:**   * **New, severe and persistent bone pain (particularly back pain) or** * **Pathological fracture** | | |
| **Myeloma**  **A paraprotein without other clinical or laboratory features of myeloma can usually be referred routinely, if unsure please seek advice from the Haematology team.** | Protein electrophoresis / serum free light chain result suggests myeloma (with a comment on the report stating this), no other clinical or laboratory features but USC referral advised by Consultant Haematologist. |  |
| Blood test(s) suggestive of myeloma (as above) and with any of the following hypercalcaemia, unexplained anaemia, unexplained renal impairment or new severe bone pain. |  |
| **If your patient does not meet NICE suspected cancer referral criteria, but you feel they warrant further investigation, please disclose full details in your referral letter.** | |  |

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| **Please add clinical details and examination findings**  **(this can be copied from your consultation note)** |
| ${symptomsAndExaminationFindings} |

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| **Examination** | | |
| **Hepatomegaly** | | Yes  No |
| **Splenomegaly** | | Yes  No |
| **Lymph nodes – neck (give size in clinical information above)** | | Yes  No |
| **Lymph nodes – axilla (give size in clinical information above)** | | Yes  No |
| **Lymph nodes – groin (give size in clinical information above)** | | Yes  No |
| **Lymph nodes – other (give size in clinical information above)** | | Yes  No |
| **Any other findings:** | ${anyOtherExaminationFindings} | |

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| **Anticoagulation status** | | |
| **Is the patient currently on any anticoagulants?** | Yes  No | ${anticoagulantsTextarea} |
| **Is the patient currently on any antiplatelet medications?** | Yes  No | ${antiplateletsTextarea} |

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| **Relevant investigations** | |
| **All patients requiring a 'suspicious of cancer' referral must have a recent (< 3 months) U&E result to facilitate efficient pathway next steps.** | |
| **U&E** | ${renalFunctionG} |
| **FBC** | ${fbcG} |
| **LFTs** | ${lftGroup} |
| **Calcium** | ${calcium} |
| **ESR** | ${esrG} |
| **Protein electrophoresis** | ${proteinElectrophoresisG} |
| **Serum free light chains** | ${serumFreeLightChainsG} |
| **Other** | ${relevantInvestigations} |

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| **Performance status - WHO classification** | |
| **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** |  |

**Consultations**

${additionalClinicalInfo}

**Past Medical History**

${medicalHistory}

**Family history**

${relevantFamilyHistoryOfCancer}

**Current Medications**

${medication}

**Allergies**

${allergies}

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| **To be completed by the Hospital Data Team** | |
| **Date of decision to refer** |  |
| **Date of appointment** |  |
| **Date of earliest offered appointment (if different to above)** |  |
| **Specify reason if not seen at earliest offered appointment** |  |
| **Periods of unavailability** |  |
| **Booking number (UBRN)** |  |
| **Final diagnosis: Malignant**  **Benign** | |