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| Text  Description automatically generated | | **BRAIN & CNS**  ***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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| **Request urgent direct access MRI brain scan OR refer where MRI is unavailable**  **(brain MRI is superior to brain CT)** | |
| **Adults with progressive, sub-acute loss of CNS function** |  |
| **If MRI findings suggest Brain or CNS Cancer, please refer directly to the neuro-oncology MDT:** [Sht-tr.Cancer-NeuroOncology@nhs.net](mailto:Sht-tr.Cancer-NeuroOncology@nhs.net) Tel no: 0114 2268721  (MDT meeting every Wednesday at 12.30. Referrals must be received by 12 noon on Tuesday for discussion that week) | |

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| **Consider urgent direct access MRI brain scan or USC referral if:** | |
| **If the patient has a progressively worsening headache with drowsiness and/or papilloedema consider urgent admission** | |
| **Progressively worsening headaches with symptoms of raised intracranial pressure (e.g. waking from sleep, early morning vomiting, associated with tinnitus)** |  |
| **Headaches PLUS new focal signs or non-focal neurology symptoms**  **(e.g. personality change)** |  |
| **New onset, persistent headaches with a current or previous diagnosis of cancer** |  |
| **Rapidly progressive (over days or weeks) cognitive decline, behavioural disturbance or personality changes without other explanation** |  |
| **New onset of seizure(s) with no previous history of epilepsy** |  |
| **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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| **Other referrals** | |
| **Presentation** | **Suggested Action** |
| Suspected recent onset of seizures | **Urgent neurology outpatient referral** |
| Unexplained headaches of recent onset which have been present for more than a month without features of raised intra-cranial pressure (especially if >50 years) | **Routine referral/ investigation as per any guidelines/direct access to diagnostics** |
| Unilateral sensorineural deafness | **Urgent ENT referral** |

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| **Please add clinical details and examination findings**  **(this can be copied from your consultation note)** | |
| ${symptomsAndExaminationFindings} | |
| **Patient anxiety level** | ${patientAnxietyLevel} |
| **Primary malignant disease suspected?** | ${primaryMalignantDisease} |

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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** | ${lftG} |
| **INR** | ${clottingG} |
| **TFTs** | ${thyroidFunctionG} |
| **MRI head** | ${mriHead} |
| **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** | |

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| Brain and CNS cancer | |
| Brain and CNS cancer | |
| Consider urgent direct access MRI brain scan | * Adults with progressive, sub-acute loss of CNS function (brain MRI is superior to brain CT).   *NICE considered allowing GPs direct access to imaging to provide a faster diagnostic process than referral to neurology first. They did not provide alternative recommendations for areas where there is no direct access to imaging, but this is most likely to involve a cancer pathway referral to neurology. If in doubt, discuss with neurology.* |