

Suspected ENT Cancer – Referral Form



Create and process referral request via Gateway

Reference/Priority

Referral Date: <Specific Referral Out Details>	Priority: 2WW	NHS Number: <NHS number>
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Patient Details

Title: <Patient name>	Forename(s): <Patient name>	Surname: <Patient name>
Date of Birth: <Date of birth>	Gender: <Gender>	Ethnicity: <Ethnicity>

Contact Details

Address Line 1: <Patient address>	Address Line 2: <Patient address>	Address Line 3: <Patient address>
Town: <Patient address>	County: <Patient address>	Postcode: <Patient address>
Phone: <Patient Contact Details>	Mobile: <Patient Contact Details>	Text Message Consent: No
Email: <Patient Contact Details>		

Referrer/Practice Details

Referring Name: <Specific Referral Out Details>	Referrer Code: <Specific Referral Out Details>	Practice Code: <Organisation Details>
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Referral Details

Specialty: 2WW	Clinic Type: 2WW Head and Neck	Named Clinician:
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Patient Choice Preferences

Provider 1: <Recipient details>	Provider 2:
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Preferences

Assistance Required: No	Assistance Notes: 	Confidential/Silent Referral: No
Preferred Contact Time: 	Interpreter Required: No	Preferred Language: <Main spoken language>

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Referral Details

Non-clinical information for the booking team:

Provisional Diagnosis:

Smoking Status Readcode:

Referral Reason/Letter Text

<Specific Referral Out Details>

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If your patient does not meet any of the NICE defined USC criteria please liaise (by phone or Advice and Guidance) with a specialist or send them in as an urgent referral. Please do not annotate USC forms with your own criteria.

Patient Awareness

Confirm that your patient understands that they have been referred onto a “suspected cancer pathway”:	Unknown
Confirm that your patient has received the information leaflet	Unknown
Confirm that your patient is available to attend an appointment within 2 weeks of this referral:	Unknown
If, after discussion, your patient chooses to not attend within 2 weeks, when will they be available: 	

Condition Details (tick appropriate boxes)

Unexplained and persisting hoarseness for >6 weeks (lung cancer excluded)	☐
High / cervical dysphagia persisting for > 3 weeks	☐
Unilateral nasal obstruction	☐
Unexplained and persistent lump / mass in neck	☐
Thyroid lump where scan has shown suspicious features (include scan report)	☐

Family History

<Family History(table)>

Active Problems

<Problems(table)>

Summary

<Summary(table)>

Significant Past

<Problems(table)>

Current Repeat Medication

<Medication(table)>

Acute Medication (last 3mths)

<Medication(table)>

Measurements

BP (last 3):

<Last 3 BP Reading(s)(table)>

Weight (last 3):

<Numerics>

Height (last 3):

<Numerics>

BMI (last 3):

<Numerics>

Oxford Knee Score (last 3):

<Numerics>

Allergies

<Allergies & Sensitivities(table)>

Lab Results

<Pathology & Radiology Reports(table)>