Suspected Lung Cancer – Referral Form

NHS

Please create and process referral request via Gateway

Reference/Priority

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

Patient Details

Title:	Forename(s):	Surname:
<Patient name>	<Patient name>	<Patient name>

Date of Birth:	Gender:	Ethnicity:
<Date of birth>	<Gender>	<Ethnicity>

Contact Details

Address Line 1:	Address Line 2	Address Line 3:
<Patient address>	<Patient address>	<Patient address>

Town:	County:	Postcode:
<Patient address>	<Patient address>	<Patient address>

Phone:	Mobile:	Text Message Consent:
<Patient Contact Details>	<Patient Contact Details>	No

Email:
<Patient Contact Details>

Referrer/Practice Details

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

Referral Details

Specialty:	Clinic Type:	Named Clinician:
2WW	2WW Lung	

Patient Choice Preferences

Provider 1:	Provider 2:
<Recipient details>	

Preferences

Assistance Required:	Assistance Notes:	Confidential/Silent Referral:
No		No

Preferred Contact Time:	Interpreter Required:	Preferred Language:
	No	<Main spoken language>

Suspected Lung Cancer – Referral Form

Referral Details

Non-clinical information for the booking team:

Provisional Diagnosis:

  <Specific Referral Out Details>

Smoking Status Readcode:

  <Diagnoses>

Referral Reason/Letter Text

<Specific Referral Out Details>

Suspected Lung Cancer – Referral Form

NHS

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)

Suspicious CXR result from radiology (including unexplained unilateral effusion) ☐
Ensure:
- Patient informed of CXR result and plan for CT
- CT appointment is given if known (will either be attached to fax from radiology **or** patient will be contacted by radiology when renal function known)
- Urgent blood sample (FBC, U&E, LFT, calcium, clotting) arranged

Age >40 with unexplained haemoptysis ☐
Arrange:
- Urgent CXR – do not delay 2WW referral
- Urgent blood sample (FBC, U&E, LFT, calcium, clotting)

Strong suspicion that patient has lung cancer ☐
Arrange:
- Urgent CXR – do not delay 2WW referral
- Urgent blood sample (FBC, U&E, calcium, LFT, clotting)

Please provide clinical details:

Family History

<Family History(table)>

Active Problems

<Problems(table)>

Summary

<Summary(table)>

Suspected Lung Cancer – Referral Form

NHS

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)>