Suspected Maxillofacial / Head and Neck Cancer

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 Head and Neck	

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>

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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>

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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:

Risk Factors (tick appropriate boxes)

Smoking	☐
Tobacco Use	☐
Heavy Alcohol Intake	☐

Condition Details (tick appropriate boxes)

Unexplained **ulceration in oral cavity** or **vermillion of lip** for >3 weeks	☐
Unexplained **swelling/ lump in oral cavity** or **vermillion of lip**	☐
Red or red and white patches of oral mucosa	☐
Unexplained and persistent **lump / mass in neck** (not thyroid)	☐

Family History

<Family History(table)>

Active Problems

<Problems(table)>

Summary

<Summary(table)>

Significant Past

<Problems(table)>

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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)>