

# Suspected Upper GI Cancer – Referral Form



Please 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 Upper GI	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

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<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”:	<input type="text" value="Unknown"/>
Confirm that your patient has received the <a href="#">information leaflet</a>	<input type="text" value="Unknown"/>
Confirm that your patient is available to attend an appointment within 2 weeks of this referral**	<input type="text" value="Unknown"/>
**If, after discussion, your patient chooses to <b>not</b> attend within 2 weeks, when will they be available:	
<input type="text"/>	

## Condition Details (tick appropriate boxes)

*Patients meeting any of the criteria in this section will have a gastroscopy (with clinical assessment) arranged by the hospital:*

<b>Isolated Dysphagia – any age</b>	<input type="checkbox"/>
Age ≥55 with <b>weight loss</b> and <b>upper abdominal pain</b>	<input type="checkbox"/>
Age ≥55 with <b>weight loss</b> and <b>reflux</b>	<input type="checkbox"/>
Age ≥55 with <b>weight loss</b> and <b>dyspepsia</b>	<input type="checkbox"/>
<b>Upper abdominal mass</b> (suspected oesophago-gastric aetiology)	<input type="checkbox"/>

*Patients meeting any of the criteria in this section will have an outpatient appointment arranged by the hospital:  
Attach copies of the radiology reports with this referral form*

<b>Suspected oesophago-gastric cancer</b> found on <b>imaging</b>	<input type="checkbox"/>
<b>Suspected primary liver cancer</b> found on <b>imaging</b>	<input type="checkbox"/>
<b>Suspected gall bladder cancer</b> found on <b>imaging</b>	<input type="checkbox"/>
<b>Suspected pancreatic cancer</b> found on <b>imaging</b>	<input type="checkbox"/>

*Patients meeting this criterion will have an outpatient appointment and an ultrasound scan arranged by the hospital*

<b>Age ≥40 with jaundice</b> (otherwise well)	<input type="checkbox"/>
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If patient is **unwell** and has **painless** jaundice admit to **Medicine on Call**  
If patient is **unwell** and has **painful** jaundice admit to **General Surgery on Call**

## Family History

<Family History(table)>

## Active Problems

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<Problems(table)>

## Summary

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<Summary(table)>

## Significant Past

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<Problems(table)>

## Current Repeat Medication

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<Medication(table)>

## Acute Medication (last 3mths)

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<Medication(table)>

## Measurements

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### 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

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<Allergies & Sensitivities(table)>

## Lab Results

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<Pathology & Radiology Reports(table)>