**WEST HAMPSHIRE CLINICAL COMMISSIONING GROUP**

**Community Dermatology**

# SINGLE LESION RECOGNITION SERVICE

*This referral form is for all suspected BCCs, moles and lesions where 2WW is not indicated, but there is concern or uncertainty about underlying pathology.*

**Please use relevant 2WW pathway pro-forma if the criteria are**

**met for suspected melanomas or SCCs.**

This referral should be submitted via the **e-referral booking system.**

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| **PATIENT DETAILS** (Please delete as appropriate)  |
| **Name:** |  | **DOB:** |  | **Gender:** | M F |
| **NHS No:** |  |  |
| **Address:** |  |
| **Tel:** |  |  | **UK Resident:** | Yes No  |
| **Interpreter Req?** | Yes No  | **If so which Language?** |  | **Date of Ref:** |  |
| Please check that the patient’s address and daytime contact number are up to date. If any of the details have changed please add here: |
| **GP DETAILS** |
| Practice Name and Address: |
| Referring GP Name: |
| Tel No: |

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| **CONSULTATION** |
| Problems:  |
| Medication:  |
| Allergies:  |

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| **COMMENTS/REASONS FOR REFERRAL** |
| You must include information on the lesion including a description of it, where it is, how long it has been there and how it has changed. **Please also complete the body/face diagram.**  |
| **SUSPECTED BASAL CELL CARCINOMA***(Please delete as appropriate)* YES NO |
| If the lesion is a suspected Basal Cell Carcinoma: |
| Is the lesion on the upper eye lid?  | YES NO |
| Is the lesion rapidly growing?  | YES NO |
| Is the lesion above the clavicle and more than 1cm in diameter?  | YES NO |
| Is the lesion below the clavicle and more than 2cm in diameter?  | YES NO |
| **BENIGN MOLE/PIGMENTED LESIONS**  *(Please delete as appropriate)*  YES NO  |

Where 2WW is not indicated but there is concern or uncertainty.

Please indicate the location of the lesion on the diagram below.

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