**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.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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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