URGENT REFERRAL FORM FOR

SUSPECTED MALIGNANCY OF UNDEFINED PRIMARY ORIGIN Fax to: 02381 204297

1. Has the patient been counselled regarding this referral as per NICE guidelines i.e. advised why they have been referred to a cancer service and offered appropriate information? YES NO
2. Has the patient been advised that they need to be available within the next two weeks? YES NO

Referring GP: GP Address & Postcode GP Tel. No.

GP Fax No.

Registered GP:

Usual GP Name:

Registered GP Name:

Date of patient’s first appointment with GP for related symptom/complaint .............................

Patients Title and Surname: Address and Postcode: Contact Phone Numbers:

Forename(s)

DOB

NHS Number:

Gender:

AGE

Cultural, Mobility, Impairment Issues

Performance status:

Patient’s preferred Language

Interpreter required? Y N

Please list any hearing or visual impairments requiring specialist help (Sign language, Braille, Loop induction systems)............................................

Is Disabled Access required Y N

Is Transport required? Y N (Any required transport should be booked by the GP practice)

Ethnic origin Religion

Is the Patient from overseas or a temporary visitor?

Referral Information

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| --- |
| Reason for referral (please tick one or more that apply)  Suspicious bone metastases on plain X-ray or bone scan with no obvious primary clinically and a normal PSA and negative myeloma screen  Liver metastases on ultrasound with no obvious primary clinically  Multiple lung metastases on Chest X-ray with no obvious primary clinically contact: *to discuss prior to referral).*  Please see the most recent consultations below |
| Clinical information |
| **Symptoms:** |
| Investigations to date:  Most recent Pathology |