

Ensure eGFR and Creatinine is undertaken within the last 6 weeks
Send to local Provider Trust in usual way

PATIENT DETAILS				GP DETAILS	
Surname:	[MERGED FIELD]	First Name:	[MERGED FIELD]	Name:	[MERGED FIELD]
D.O.B.:	[MERGED FIELD]	Gender:	[MERGED FIELD]	Code:	[MERGED FIELD]
Age:	[MERGED FIELD]	NHS No.:	[MERGED FIELD]	Address:	[MERGED FIELD]
Address:	[MERGED FIELD]			Post code:	[MERGED FIELD]
Post code:				Tel. No.:	[MERGED FIELD]
Home Tel.:	[MERGED FIELD]	Mobile:	[MERGED FIELD]	E-mail:	[MERGED FIELD]
Other Tel:					
Other Tel Name:					
Interpreter required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	First Language:		

PATIENT ENGAGEMENT AND AVAILABILITY			
I confirm the following:			
I have discussed the possibility that the diagnosis may be cancer; I have provided the patient with a 2WW referral leaflet and advised the patient that they will need to attend an appointment within the next two weeks			
GP Name:		Date of decision to refer (dd/mm/yy):	

REFERRAL CRITERIA
<p>If high suspicion refer into the fast track 2ww pathway at the same time as requesting fast track imaging.</p> <p>Please tick relevant boxes.</p> <p>CT scan often requires contrast so a Renal function should be requested</p>

GUIDANCE FOR GP – Chest X-Ray	
GP should request an urgent X-ray in the usual way	
Unexplained haemoptysis if aged 40 and over – Send 2ww referral for suspected lung cancer and arrange urgent chest x-ray	
<p>Consider an urgent chest X-ray for people aged 40 and over with any of the following:</p> <ul style="list-style-type: none"> ▪ persistent or recurrent chest infection ▪ finger clubbing ▪ supraclavicular lymphadenopathy or persistent cervical lymphadenopathy ▪ chest signs consistent with lung cancer/pleural disease ▪ thrombocytosis 	<p>Offer an urgent chest X-ray for people aged 40 and over if they have 2 or more of the following unexplained symptoms, or if they have ever smoked/been exposed to asbestos and have 1 or more of the following unexplained symptoms:</p> <ul style="list-style-type: none"> ▪ cough ▪ fatigue ▪ shortness of breath ▪ chest pain ▪ weight loss ▪ appetite loss

Chest	
<p>Chest</p> <p><input type="checkbox"/> CT</p>	If high clinical suspicion persists despite initial negative chest x-ray

Brain	
<p>Brain</p> <input type="checkbox"/> MRI*	<p>Consider an urgent direct access MRI scan (CT scan if MRI is contraindicated) of the brain for adults with:</p> <input type="checkbox"/> progressive, sub-acute loss of central neurological function or other symptoms or signs suggestive of brain cancer
<input type="checkbox"/> CT	<p><i>Guidance for Brain MRI</i></p> <p>No definition of 'progressive sub-acute loss of central neurological function' has been provided in the NG12 2015 NICE guidance, but the 2005 NICE guidance for suspected cancer includes signs or symptoms that may cause concern, including: Progressive neurological deficit, new-onset seizures, mental changes, cranial nerve palsy Headaches of recent onset accompanied by features suggestive of raised intracranial pressure, e.g. vomiting, drowsiness, posture-related headache, pulse-synchronous tinnitus, or other focal or non-focal neurological symptoms, such as blackout or change in personality or memory</p>
Pancreas	
<p>Pancreas</p> <input type="checkbox"/> CT	<p>Consider an urgent direct access CT scan to assess for pancreatic cancer in people aged 60 and over with weight loss and any of the following:</p> <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Back pain <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Constipation <input type="checkbox"/> New-onset diabetes
Bone Sarcoma	
<p>Bone Sarcoma X-ray</p>	<p>GPs should arrange an urgent x-ray in the usual way for:</p> <p>Bony swelling that is clinically suspicious and remains unexplained after clinical assessment, and is increasing in size</p> <p><i>If soft tissue sarcoma suspected, please use the direct access urgent ultrasound referral form</i></p>

REFERRAL WHERE NICE NG 12 GUIDANCE IS NOT MET	
<p>NOTE: Whilst guidance assists the practice of healthcare professionals, they do not replace their knowledge, skills or clinical judgement. Tick the following boxes if you are unsure if a patient meets the NICE criteria</p>	
<input type="checkbox"/>	<p>I am very concerned my patient has cancer but they do not meet the NICE NG 12 criteria</p>
<p>If yes, please state why you have suspicions:</p>	

CLINICAL INFORMATION		
<p>NOTE: Please ensure urgent blood tests are undertaken (where appropriate), with the results provided to the acute provider, to avoid delays</p>		
<p>Relevant clinical details including past history of cancer, family history and examination findings:</p>		
Anticoagulation	Yes	<input type="checkbox"/>
Cognitive Impairment (e.g. dementia/learning disability, memory loss etc.)	Yes	<input type="checkbox"/>
Is a hoist required to examine the patient?	Yes	<input type="checkbox"/>

*MRI referrals: please complete the following MRI safety questions with the patient:		
1. Does the patient have any implanted metallic foreign device (e.g. cardiac pacemaker, artificial heart valve, cerebral aneurysm clips, cochlear implant, etc.)?	Yes	<input type="checkbox"/>
2. Are there known metallic fragments in their eyes?	Yes	<input type="checkbox"/>

E-MAIL	
CT SCAN	ekhft.geqm-radiologyadmin@nhs.net
MRI SCAN	ekh-tr.kch-radiology@nhs.net

PATIENT SAFETY NETTING GP INFORMATION CHECK LIST
<p>GPs requesting investigations are responsible for ensuring that the patient attends the appointment for the investigation and receives the results.</p> <p><input type="checkbox"/> Please ensure you have advised the patient that they will be contacted by the radiology department within two weeks with a date for the scan; if this has not happened the patient should contact the GP surgery to make them aware</p> <p><input type="checkbox"/> I have asked the patient to book an appointment to see their GP one week after the scan for the results</p>

ADDITIONAL GP GUIDANCE
<p>NOTE: If significantly compromised by other co-morbidities or with limited life expectancy consider a discussion with the patient and carer regarding whether investigation is necessary</p>

PATIENT CLINICAL INFORMATION FROM MERGED GP ELECTRONIC RECORDS	
Allergies:	[MERGED FIELD]
Active Problems:	[MERGED FIELD]
Investigations:	[MERGED FIELD]
Significant past history:	[MERGED FIELD]
Current medication:	[MERGED FIELD]
Repeat medication:	[MERGED FIELD]