

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

GP DETAILS	
Name:	[MERGED FIELD]
Code:	[MERGED FIELD]
Address:	[MERGED FIELD]
Post code:	[MERGED FIELD]
Tel. No.:	[MERGED FIELD]
E-mail:	[MERGED FIELD]

PATIENT ENGAGEMENT AND AVAILABILITY			
<b>I confirm the following:</b>			
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 (guidance for GPs and dentists)	
<b>Laryngeal cancer</b>	
Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for laryngeal cancer in people aged 45 and over with:	
<input type="checkbox"/> persistent unexplained hoarseness <b>or</b> <input type="checkbox"/> an unexplained lump in the neck	
<b>Oral cancer</b>	
Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for oral cancer in people with either:	
<input type="checkbox"/> unexplained ulceration in the oral cavity lasting for more than 3 weeks <b>or</b> <input type="checkbox"/> a persistent and unexplained lump in the neck	
Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for oral cancer in people as having either:	
<input type="checkbox"/> a lump on the lip or in the oral cavity consistent with oral cancer <b>or</b> <input type="checkbox"/> a red or red and white patch in the oral cavity consistent with erythroplakia or erythroleukoplakia	
<b>Thyroid cancer</b>	
<input type="checkbox"/> Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for thyroid cancer in people with an unexplained thyroid lump	

REFERRAL WHERE NICE NG 12 GUIDANCE IS NOT MET	
<b>NOTE:</b> 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	
<input type="checkbox"/>	I am very concerned my patient has cancer but they do not meet the NICE NG 12 criteria
If yes, please state why you have suspicions:	

CLINICAL INFORMATION	
<b>NOTE:</b> Please ensure urgent blood tests are undertaken for FBC, electrolytes and creatinine. For Thyroid referrals please also request TFTs.	
Relevant clinical details including past history of cancer, family history and examination or imaging findings:	

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"/>

**PATIENT'S WHO PERFORMANCE STATUS**

<input type="checkbox"/>	0	Able to carry on all normal activity without restriction
<input type="checkbox"/>	1	Restricted in physically strenuous activity but able to walk and do light work
<input type="checkbox"/>	2	Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% of waking hours
<input type="checkbox"/>	3	Symptomatic and in a chair or in a bed for greater than 50% of the day but not bedridden
<input type="checkbox"/>	4	Completely disabled; cannot carry out any self-care; totally confined to bed or chair

**ADDITIONAL GP GUIDANCE**

**Local guidance review date – September 2020**

**1)** NICE NG 12 guidance is not comprehensive for Head and Neck Malignancy, and so it will sometimes be appropriate to refer patients who do not meet the NG12 criteria. The following symptoms have been shown to have a positive predictive value for Head and Neck Malignancy - hoarseness >3 weeks, dysphagia >3 weeks, odynophagia, unexplained neck mass, oral swelling >3 weeks, oral ulcer >3weeks, prolonged otalgia with normal otoscopy, presence of blood in mouth with concurrent sensation of lump in throat, and presence of otalgia with concurrent lump in throat sensation.

Intermittent hoarseness and sensation of lump in throat in the absence of other symptoms or signs are NOT associated with Head and Neck Cancer.

Ref Refining the head and neck cancer referral guidelines: a two centre analysis of 4715 referrals. Tikka, T., Pracy, P., Paleri, V. British Journal of Oral and Maxillofacial Surgery, 2016, Volume 54, Issue2, Pages 141-150.

The decision to refer is made by the GP, and the above is not comprehensive, but may be of help in relevant cases.

**2)** General Practitioners making appointments via e-RS are asked to check the service specific guidance for the relevant ENT and OMFS Head and Neck 2ww clinics when making appointments to minimise redirected referrals. In many cases ENT Head and Neck 2ww clinics do not see patients with possible oral cancers, and OMFS 2ww clinics do not see patients with hoarse voice / possible laryngeal cancers

**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

**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]