

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	
<p>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</p>	
GP Name:	Date of decision to refer (dd/mm/yy):

REFERRAL CRITERIA
<p>Lung</p> <p>Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for lung cancer if they:</p> <ul style="list-style-type: none"> <input type="checkbox"/> have chest X-ray findings that suggest lung cancer or <input type="checkbox"/> are aged 40 and over with unexplained haemoptysis <input type="checkbox"/> have CT/MRI findings that suggest lung cancer
<p>Mesothelioma</p> <p>Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for mesothelioma if they:</p> <ul style="list-style-type: none"> <input type="checkbox"/> have chest X-ray findings that suggest mesothelioma <input type="checkbox"/> have CT/MRI findings that suggest mesothelioma

GUIDANCE FOR URGENT CHEST X-RAY
<p>Offer an urgent chest X-ray (to be performed within 2 weeks) to assess for lung cancer/mesothelioma in people aged 40 and over if they have:</p> <p>2 or more of the following unexplained symptoms, or if they have ever smoked and/or have 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
<p>Consider an urgent chest X-ray (to be performed within 2 weeks) to assess for lung cancer in 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, thrombocytosis
<p>Consider an urgent chest X-ray (to be performed within 2 weeks) to assess for mesothelioma in people aged 40 and over with either:</p> <ul style="list-style-type: none"> ▪ Finger clubbing or chest signs compatible with pleural disease

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"/> I am very concerned my patient has cancer but they do not meet the NICE NG 12 criteria (attach any relevant reports, including incidental findings)
<p>If yes, please state why you have suspicions:</p>

CLINICAL INFORMATION

NOTE: Please ensure urgent blood tests are undertaken for FBC, clotting screen, electrolytes and creatinine

Relevant clinical details including past history of cancer, family history and examination 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

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]