

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			
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	
Malignant melanoma	
<input type="checkbox"/> Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for melanoma if they have a suspicious pigmented skin lesion with a weighted 7-point checklist score of 3 or more	
<u>Weighted 7-point checklist</u>	
Major features of the lesions (scoring 2 points each):	
<input type="checkbox"/> change in size <input type="checkbox"/> irregular shape <input type="checkbox"/> irregular colour	
Minor features of the lesions (scoring 1 point each):	
<input type="checkbox"/> largest diameter 7 mm or more <input type="checkbox"/> inflammation <input type="checkbox"/> oozing <input type="checkbox"/> change in sensation	
<input type="checkbox"/> Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) if dermoscopy suggests melanoma of the skin	
<input type="checkbox"/> Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for melanoma in people with a pigmented or non-pigmented skin lesion that suggests nodular melanoma	
Squamous cell carcinoma	
<input type="checkbox"/> Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for people with a skin lesion that raises the suspicion of squamous cell carcinoma	
Basal cell carcinoma	
Consider ROUTINE referral for people if they have a skin lesion that raises the suspicion of a basal cell carcinoma via e-RS	
<input type="checkbox"/> Only consider a suspected cancer pathway referral (for an appointment within 2 weeks) for people with a skin lesion that raises the suspicion of a basal cell carcinoma if there is particular concern that a delay may have a significant impact, because of factors such as lesion site or size	

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
If yes, please state why you have suspicions:	

CLINICAL INFORMATION

NOTE: Please ensure dermascope report/picture is attached (if available)

Relevant clinical details including **SITE OF LESION**, 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]