

## Non-Specific Symptoms (NSS) Suspected Cancer e-Referral Form

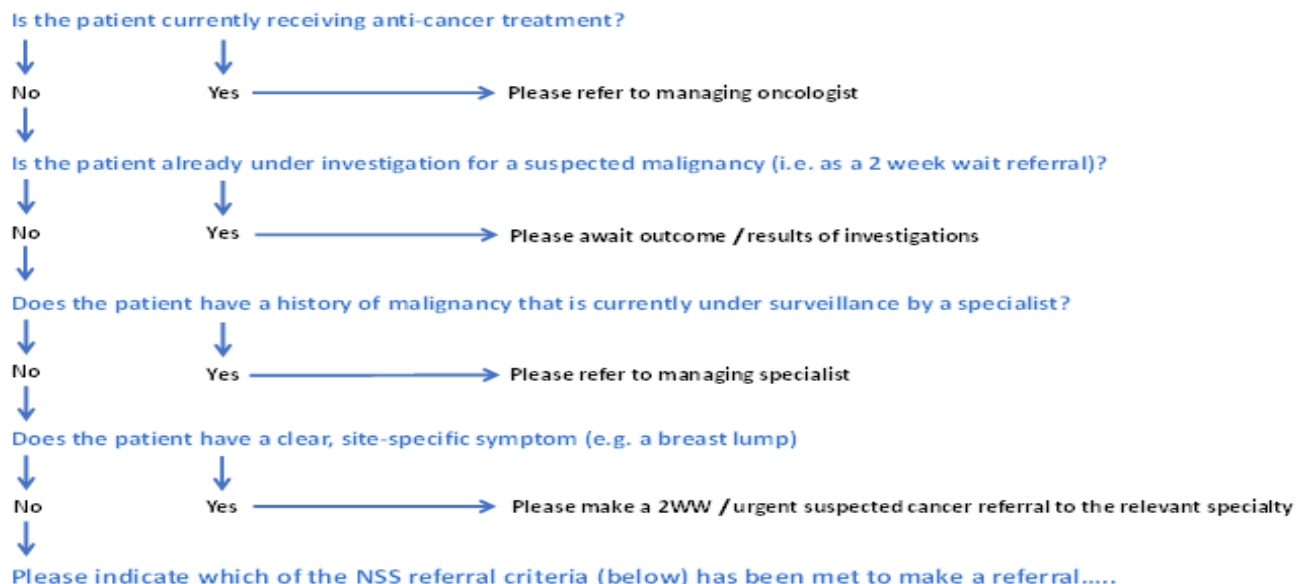
PATIENT DETAILS			
Surname:	[MERGED FIELD]	First Name:	[MERGED FIELD]
D.O.B.:	[MERGED FIELD]	Gender:	[MERGED FIELD]
Age:	[MERGED FIELD]	NHS No.:	[MERGED FIELD]
Address:	[MERGED FIELD]		
Post code:	[MERGED FIELD]		
Home Tel.:	[MERGED FIELD]	Mobile:	[MERGED FIELD]
Other Tel:		Other Tel Name:	
Interpreter 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 an urgent suspected cancer (2 week wait) referral leaflet and advised the patient they will need to attend an appointment within the next two weeks			
GP Name:		Date of decision to refer (dd/mm/yy):	

PRE- REFERRAL TESTS					
<b>NOTE: Please ensure that all relevant NSS tests listed below are undertaken prior to referral, to avoid delays &amp; misdirection of care. For ease of requesting all tests, please use the NSS bundle available on ICE or DART OCM</b>					
FBC, haematinics (including ferritin), LFTs, U&E with e-GFR, TFTs, Bone profile, Coeliac screen, HBA1C	Yes <input type="checkbox"/>		Results attached	Yes <input type="checkbox"/>	
Q-FIT (Quantitative Faecal Immunochemical Test)	Yes <input type="checkbox"/>		Results attached	Yes <input type="checkbox"/>	
Clotting (for below clavicle lymphadenopathy)	Yes <input type="checkbox"/>		Results attached	Yes <input type="checkbox"/>	
Myeloma screen (if applicable to presentation)	Yes <input type="checkbox"/>		Results attached	Yes <input type="checkbox"/>	
PSA (if applicable)	Yes <input type="checkbox"/>		Results attached	Yes <input type="checkbox"/>	
CA- 125 (if applicable)	Yes <input type="checkbox"/>		Results attached	Yes <input type="checkbox"/>	
CRP (if applicable)	Yes <input type="checkbox"/>		Results attached	Yes <input type="checkbox"/>	

**Is the patient suitable for an NSS referral? Please use the following flow-chart to help you decide....**



**REFERRAL CRITERIA**

**Refer adults using a suspected cancer referral (for an appointment within 2 weeks) for non-site-specific (NSS) symptoms if;**

- The patient has new unexplained and unintentional weight loss (either documented >5% in 3 months OR with strong clinical suspicion) **or**
- The patient has new unexplained constitutional symptoms of four weeks or more (less if very significant concern). Symptoms include loss of appetite, fatigue, nausea, malaise, bloating **or**
- The patient has new unexplained vague abdominal pain of four weeks or more (less if very significant concern) **or**
- The patient has new unexplained, unexpected or progressive pain, including bone pain of four weeks or more, not obviously attributable to a benign cause **or**
- The GP “gut feeling” of cancer diagnosis- please fully describe the reasons in the ‘clinical information’ box below **or**
- The patient has new or worsening anaemia of unknown cause **or**
- The patient has a platelet count of >400 – (male) on at least 2 occasions **or**
- The patient has a platelet count of >450 – (female) on at least 2 occasions **or**
- The patient aged 40 or over has a first unprovoked DVT / PE but no site-specific signs and symptoms of cancer warranting an urgent (2 week wait) suspected cancer referral (as indicated by NICE guidance, NG12) based on Primary Care assessment **or**  
[For Trust reference only: Patients meeting the above referral criteria are to be triaged to the Non-specific symptoms (NSS) pathway]
- The patient has abnormal radiology suggesting cancer; not needing admission and not suitable for an existing site-specific urgent (2 week wait) suspected cancer referral  
[For Trust reference only: Patients meeting the above referral criterion are to be triaged to the Malignancy of Unknown Origin (MUO) pathway]
- The patient is aged 18+ with unexplained lymphadenopathy **below** the clavicle (please consider a 2 week wait breast referral for patients with **solitary** axillary lymphadenopathy, as indicated by NICE guidance, NG12)  
[For Trust reference only: Patients meeting the above referral criterion are to be triaged to the Rapid Lymphadenopathy Service (RLS) pathway]

**CLINICAL INFORMATION**

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

Is the patient taking anticoagulants?                      Yes                       No

**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

**ROCKWOOD CLINICAL FRAILTY SCORED**

<input type="checkbox"/>	0	Able to carry on all normal activity without restriction
<input type="checkbox"/>	1	<b>Very Fit</b> – robust, fully active, energetic and motivated and exercise regularly
<input type="checkbox"/>	2	<b>Well</b> – no active disease symptoms but are less fit than category 1. Occasionally exercise (able to carry out light work)
<input type="checkbox"/>	3	<b>Managing Well</b> – medical problems are well controlled but are not regularly active beyond routine walking (up and about 80% of waking time)
<input type="checkbox"/>	4	<b>Vulnerable</b> – while not dependent on others for daily help, symptoms limit activities (tired during the day)
<input type="checkbox"/>	5	<b>Mildly Frail</b> – often have more evident slowing, and need help in high order instrumental activities of daily living (IADLs) (progressively impairs light work)
<input type="checkbox"/>	6	<b>Moderately Frail</b> – need help with all outside and household activities including self-care
<input type="checkbox"/>	7	<b>Severely Frail</b> – completely dependent for personal care, (physical or cognitive), but stable and not at high risk of dying within 6 months (confined to bed/chair 50%)
<input type="checkbox"/>	8	<b>Very Severely Frail</b> - completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness (no self-care, confined to bed/chair 100%)
<input type="checkbox"/>	9	<b>Terminally Ill</b> - approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Is a hoist required to examine the patient?                      Yes                       No

---

**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]