

HEAD & NECK (including thyroid) CANCER REFERRAL FORM
URGENT (WITHIN 14 DAYS) APPOINTMENT REQUEST

FAST TRACK REFERRAL FAX NUMBER 01484-347295

Referring GP Name	<input type="text"/>	GP Address	<input type="text"/>
GP Telephone	<input type="text"/>		
GP Fax	<input type="text"/>		
Decision to Refer	<input type="checkbox"/>	Date fax sent	<input type="text"/>
NHS Number	<input type="text"/>	Hospital No	<input type="text"/>
Patient surname	<input type="text"/>	Patient address	<input type="text"/>
Patient first name	<input type="text"/>		
		Post Code	<input type="text"/>
Tel no - Home	<input type="text"/>	Work No	<input type="text"/>
			Mobile No <input type="text"/>
Date of birth	<input type="text"/>	Age	<input type="text"/>
Gender	Male <input type="checkbox"/>	Female	<input type="checkbox"/>
Transport required?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Interpreter required?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
1st spoken language	<input type="text"/>		
Is patient aware of cancer referral status?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

It is the responsibility of the GP to inform the patient of the reason for the referral and that the patient should expect to be seen at HRI/CRH within 2 weeks.

As my patient has one or more of the following criteria, I would like them to be seen urgently (within 2 weeks).

1. Unexplained persistent sore or painful throat for more than 3 weeks
2. Unilateral unexplained pain in the head & neck area for more than 4 weeks, associated with otalgia but a normal otoscopy.
3. Dysphagia persisting for more than 3 weeks
4. Unexplained persistent swelling in the parotid or submandibular gland
5. Stridor associated with neck or thyroid swelling
6. Sudden change in existing neck mass/thyroid swelling
7. Unexplained neck mass, of recent onset, or a previously undiagnosed mass that has changed over a period of 3 to 6 weeks
8. Unilateral nasal obstruction particularly when associated with:
 - a) Purulent discharge
 - b) Epistaxis
 - c) Cranial nerve palsies
 - d) Epiphora
8. Unexplained ulceration of oral mucosa or mass persisting for more than 3 weeks
9. Oral swellings persisting for more than 3 weeks
10. Unexplained red & white patches (including suspected lichen planus) of the oral mucosa that are painful, swollen or bleeding
11. Unexplained tooth mobility not associated with periodontal disease
12. radiographic evidence of osteolytic lesions
13. Thyroid swelling associated with any of the following:
 - a) A solitary nodule increasing in size
 - b) A history or neck irradiation
 - c) A family history of an endocrine tumour
 - d) Unexplained hoarseness or voice changes
 - e) Cervical lymphadenopathy
 - f) Very young (pre-pubertal) patient
 - g) Patient aged 65 years or older

NB: Patient anxiety alone does NOT suggest referral through the urgent (within 14 days) system

CANCER SUSPECTED:

Oral Cavity	<input type="checkbox"/>	Larynx	<input type="checkbox"/>
Pharynx	<input type="checkbox"/>	Other (please specify):	
Thyroid	<input type="checkbox"/>		

SYMPTOMS :

Pain on swallowing	<input type="checkbox"/>	Hoarseness	<input type="checkbox"/>
Deafness	<input type="checkbox"/>	Dysphagia	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	Nasal obstruction/discharge	<input type="checkbox"/>
Other (please specify):		Otalgia	<input type="checkbox"/>
		Bleeding	weeks <input type="checkbox"/> months <input type="checkbox"/> years <input type="checkbox"/>

CLINICAL EXAMINATION :

Oral ulceration/tumour	<input type="checkbox"/>	Orbital Mass	<input type="checkbox"/>
Lump in neck	<input type="checkbox"/>	Thyroid Lump	<input type="checkbox"/>
Other Findings (please specify):			

RISK FACTORS:

Poor Diet	<input type="checkbox"/>	Smoker	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>		

Comments/other reasons for urgent (within 14 days) referral.