






PAN LONDON SUSPECTED LOWER GI CANCER REFERRAL FORM

Press the <Ctrl> key while you click here to view the Pan London Suspected Cancer Referral Support Guide

REFERRAL DATE:



Please email or send e-referral within 24 hours.
Fax is no longer supported due to patient safety and confidentiality risks.
 Press the <Ctrl> key while you click here to view the list of hospitals you can refer to
Copy the hospital details from the webpage and paste them onto the line below.

PATIENT DETAILS	
SURNAME: <input type="text"/>	FIRST NAME: <input type="text"/> TITLE: <input type="text"/>
GENDER: <input type="text"/>	DOB: <input type="text"/> AGE: <input type="text"/> NHS NO: <input type="text"/>
ETHNICITY: <input type="text"/>	LANGUAGE: <input type="text"/>
<input type="checkbox"/> INTERPRETER REQUIRED <input type="checkbox"/> TRANSPORT REQUIRED	
PATIENT ADDRESS: <input type="text"/> POSTCODE: <input type="text"/>	
DAYTIME CONTACT  : <input type="text"/>	
HOME  : <input type="text"/>	MOBILE  : <input type="text"/> WORK  : <input type="text"/>
EMAIL: <input type="text"/>	

CARER/KEY WORKER DETAILS		
NAME: <input type="text"/>	CONTACT  : <input type="text"/>	RELATIONSHIP TO PATIENT: <input type="text"/>

COGNITIVE, SENSORY OR MOBILITY IMPAIRMENT			
<input type="checkbox"/> COGNITIVE	<input type="checkbox"/> SENSORY	<input type="checkbox"/> MOBILITY	<input type="checkbox"/> DISABLED ACCESS REQUIRED
PLEASE INCLUDE RELEVANT DETAILS: <input type="text"/>			

SAFEGUARDING	
<input type="checkbox"/> SAFEGUARDING CONCERNS	
PLEASE INCLUDE RELEVANT DETAILS: <input type="text"/>	

GP DETAILS	
USUAL GP NAME: <input type="text"/>	
PRACTICE NAME: <input type="text"/>	PRACTICE CODE: <input type="text"/>
PRACTICE ADDRESS: <input type="text"/>	
BYPASS  : <input type="text"/>	
MAIN  : <input type="text"/>	FAX: <input type="text"/> EMAIL: <input type="text"/>
REFERRING CLINICIAN: <input type="text"/>	

REASON FOR SUSPECTED CANCER REFERRAL

Press the <Ctrl> key while you click here to view Pan London Suspected Lower GI Cancer Referral Guide

PLEASE NOTE: Pan-London guidelines do not recommend the use of faecal occult blood test (FOBT)

- Abnormal lower GI investigations (colonoscopy/flexible sigmoidoscopy) suggestive of cancer (please give full clinical details in the 'additional clinical information' box below)
- Any age with suspicious abdominal or rectal mass
- Any age with unexplained anal mass or ulceration
- ≥ 40 years with unexplained abdominal pain and weight loss
- ≥ 40 years with unexplained iron deficiency anaemia
- ≤ 50 years with rectal bleeding with any of the following unexplained symptoms:
 - Abdominal pain
 - Change in bowel habit
 - Weight loss
 - Iron deficiency anaemia (attach results)
- ≥ 50 years with unexplained rectal bleeding
- ≥ 50 years with unexplained abdominal pain or weight loss
- ≥ 50 years with unexplained change in bowel habit
- ≥ 60 years with unexplained anaemia even in the absence of iron deficiency

- Referral is due to **CLINICAL CONCERNS** that do not meet NICE/Pan-London referral criteria (the GP **MUST** give full clinical details in the 'additional clinical information' box at time of referral).

Where clinical suspicion of cancer is low, please also consider alternative options for referral which have been agreed locally (e.g. urgent referral, direct access investigations, early diagnosis pathways)

SUITABILITY FOR TELEPHONE TRIAGE/STRAIGHT TO TEST ENDOSCOPY PATHWAY

PLEASE COMPLETE THIS SECTION FOR ALL PATIENTS. The following information is required to assess whether the patient is suitable for telephone triage and the 'straight to test' endoscopy pathway.

- Patient has dementia
- Patient has learning disability
- Patient has physical impairment that prevents patient being ambulant from a wheelchair
- Patient is on anticoagulant or antiplatelet agents (except aspirin)
- Patient is unsuitable for telephone triage
- Digital rectal examination has been performed (please include findings both positive and negative in 'additional clinical information' box below)
- Patient has had other gastrointestinal investigations in the last 12 months (abdominal imaging or gastrointestinal endoscopy). Please ensure relevant details are included in the 'imaging studies/endoscopy studies' boxes below including name of specialist and hospital where the investigations were performed

Please enter the WHO Performance Score to establish if the patient is suitable to be triaged for 'straight to test' endoscopy.

- 0 Fully active, able to carry on all pre-disease performance without restriction.
- 1 Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light housework, office work.
- 2 Ambulatory and capable of all self-care but unable to carry out any work activities. The patient is up and about more than 50% of waking hours.
- 3 Capable of only limited self-care; confined to bed or chair more than 50% of waking hours.
- 4 Completely disabled; cannot carry out any self-care. The patient is totally confined to bed or chair.

Additional clinical information:

Personal/relevant patient information:

Past history of cancer:

Relevant family history of cancer:

- I have discussed the possible diagnosis of cancer with the patient
- The patient has been advised and confirmed they will be available for an appointment within the next two weeks
- I have counselled the patient regarding the referral process and offered the pan-London information leaflet. Offering written patient information increases patient experience and reduces non-attendance. These are available in 11 different languages.
Press the <Ctrl> key while you click here to view the leaflet
- This patient has been added to the practice suspected cancer safety-netting system
Press the <Ctrl> key while you click here to view Pan London Practice-based Suspected Cancer Safety Netting System

INVESTIGATIONS

Please ensure this referral includes ALL the relevant investigations including blood tests and imaging. If there are any pending test results that you have organised at the time of this referral please provide information including TYPE OF INVESTIGATION requested (bloods, imaging) and TRUST performing the tests in the box below.

ENDOSCOPY STUDIES (in past year) Please include date: and location:

IMAGING STUDIES (in past year) Please include date: and location:

RENAL FUNCTION (most recent recorded in past 3 months)

DOB: NHS no:

FULL BLOOD COUNT (most recent recorded in past 3 months)

IRON STUDIES (most recent recorded in past 3 months)

MEDICAL HISTORY

ALLERGIES

MEDICATION