**Pan London Suspected COVID-19 Lung & Pleural Cancer Referral Form**

**This is an Interim form to replace standard suspected cancer forms in Covid-19 emergency**

**REFERRAL DATE:** «REFERRAL\_Event\_Date»

**E-referral is the preferred booking method for suspected cancer referrals.**

**If this is not available please email the referral.**

**Fax is no longer supported due to patient safety and confidentiality risks.**

**All referrals should be made within 24 hours.**

**PATIENT DETAILS**

**SURNAME:** «PATIENT\_Surname»  **FIRST NAME:** «PATIENT\_Forename1»  **TITLE:** «PATIENT\_Title»

**GENDER:** «PATIENT\_Sex» **DOB:** «PATIENT\_Date\_of\_Birth»  **AGE:**«PATIENT\_Age» **NHS NO:** «PATIENT\_Current\_NHS\_Number»

**ETHNICITY:**         **LANGUAGE:**      

**INTERPRETER REQUIRED**  **TRANSPORT REQUIRED**

**PATIENT ADDRESS:** «PATIENT\_House» «PATIENT\_Road», «PATIENT\_Town» **POSTCODE:** «PATIENT\_Postcode»

**DAYTIME CONTACT**🕾**:** «PATIENT\_Main\_Comm\_No»

**HOME**🕾**:** «PATIENT\_Main\_Comm\_No» **MOBILE**🕾**:** «PATIENT\_Mobile\_No» **WORK**🕾**:** «PATIENT\_Alt\_Comm\_No»

**EMAIL:**      

**CARER/KEY WORKER DETAILS**

**NAME:**        **CONTACT**🕾**:**        **RELATIONSHIP TO PATIENT:**      

**COGNITIVE, SENSORY OR MOBILITY IMPAIRMENT**

**COGNITIVE**   **SENSORY**  **MOBILITY**   **DISABLED ACCESS REQUIRED**

**PLEASE INCLUDE RELEVANT DETAILS:** 

**SAFEGUARDING**

**SAFEGUARDING CONCERNS**

**PLEASE INCLUDE RELEVANT DETAILS:** 

**GP DETAILS**

**USUAL GP NAME:** «PATIENT\_Usual\_GP»

**PRACTICE NAME:** «PRACTICE\_Name» **PRACTICE CODE:** 

**PRACTICE ADDRESS:** «PRACTICE\_BlockAddress»

**BYPASS**🕾**:** 

**MAIN**🕾**:** «PRACTICE\_Main\_Comm\_No» **FAX:**   **EMAIL:**      

**REFERRING CLINICIAN:** «REFERRAL\_Clinician»

|  |  |  |  |
| --- | --- | --- | --- |
| **CLINICAL RISK FACTORS** | | | |
|  | **COPD** |  | **Current smoker** |
|  | **Asbestos exposure** |  | **Ex-smoker** |

**COVID – 19 STATUS (please tick one of the boxes below before referring)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Not at risk** |  | **At risk** |  | **At very high risk** |

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| --- |
| **PLEASE ARRANGE AN EMERGENCY ADMISSION IF THERE IS EVIDENCE OF SUPERIOR VENA CAVA OBSTRUCTION OR STRIDOR** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STRAIGHT TO TEST PATHWAY**  **All patients must have up to date renal function (within 3 months) as they may be sent for a straight to test CT scan (with contrast) prior to first outpatient appointment.**  [Press the <Ctrl> key while you click here to view Pan London Suspected Lung Cancer Referral Guide](https://www.healthylondon.org/resource/covid-19-cancer-referral-resources/) | | | | | | |
| **REASON FOR SUSPECTED CANCER REFERRAL** | | | | | | |
|  | **Abnormal chest x-ray suggestive of lung cancer or mesothelioma (please attach report)** | | | | | |
|  | **Abnormal CT scan suggestive of lung cancer or mesothelioma (please attach report)** | | | | | |
|  | **Age ≥ 40 years with UNEXPLAINED haemoptysis** | | | | | |
|  | **Offer an urgent chest X-ray (to be performed within 2 weeks) to assess for lung cancer in people aged ≥ 40 years with one or more of the following::** | | | | | |
|  | **Persistent or recurrent chest infection** | | | | |
|  | **Finger clubbing** | | | | |
|  | **Supraclavicular lymphadenopathy or persistent cervical lymphadenopathy** | | | | |
|  | **Chest signs consistent with lung cancer** | | | | |
|  |  | **Thrombocytosis** | | | | |
|  | **Offer an urgent chest X-ray (to be performed within 2 weeks) to assess for lung cancer in people aged ≥ 40 years if they have 2 or more of the following unexplained symptoms, or if they have ever smoked/exposed to asbestos and have 1 or more of the following unexplained symptoms** | | | | | |
|  | **Cough** |  | **fatigue** |  | **shortness of breath** |
|  | **Chest pain** |  | **Weight loss** |  | **appetite loss** |
|  | **Consider an urgent chest X-ray (to be performed within 2 weeks) to assess for mesothelioma in people aged ≥ 40 years and over with either:** | | | | | |
|  | **Finger clubbing  Chest signs compatible with pleural disease** | | | | | |
|  |  | | | | | |
|  | **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)** | | | | | |

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| --- | --- | --- |
| **MANDATORY BOX FOR ALL PATIENTS - WHO PERFORMANCE SCORE**  **Enter score to establish if patient is suitable for straight to test CT scan prior to first outpatient appointment** | | |
|  | **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 including spirometry results where available:**      

**Current Consultation:**

«CURRENT\_CONSULTATION»

**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 that they will be contacted by secondary care by telephone** |
|  | **I have counselled the patient regarding that they should prioritise this appointment but expect changes to routine investigations and management. I have offered the pan London**  **COVID -19 patient 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](https://www.healthylondon.org/resource/covid-19-cancer-referral-resources/) |
|  | **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](https://www.healthylondon.org/resource/covid-19-cancer-referral-resources/) |

**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.**

**CLINICALLY-SPECIFIC AUTOMATIC TABULATED DATA**

**IMAGING STUDIES (in past 3 months) Please include date:**       **and location:**      

**RENAL FUNCTION (most recent recorded in past 3 months)**

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

**ROUTINE AUTOMATIC TABULATED DATA**

**MEDICAL HISTORY**

«MEDICAL\_HISTORY»

**ALLERGIES**

«DRUG\_ALLERGY»

**MEDICATION**

«REPEATS»

**OFFICE USE ONLY**