

Suspected Maxillofacial / Head and Neck Cancer



This form should be submitted via the Referral Support Service

Risk Factors (tick appropriate boxes)

Smoking	<input type="checkbox"/>
Tobacco Use	<input type="checkbox"/>
Heavy Alcohol Intake	<input type="checkbox"/>

Condition Details (tick appropriate boxes)

Unexplained ulceration in oral cavity or vermillion of lip for >3 weeks	<input type="checkbox"/>
Unexplained swelling/ lump in oral cavity or vermillion of lip	<input type="checkbox"/>
Red or red and white patches of oral mucosa	<input type="checkbox"/>
Unexplained and persistent lump/mass in neck (not thyroid)	<input type="checkbox"/>