

Suspected ENT Cancer – Referral



This form should be submitted via the Referral Support Service

Condition Details (tick appropriate boxes)

Unexplained and persisting hoarseness for >6 weeks (lung cancer excluded)	<input type="checkbox"/>
High / cervical dysphagia persisting for > 3 weeks	<input type="checkbox"/>
Unilateral nasal obstruction	<input type="checkbox"/>
Unexplained and persistent lump / mass in neck	<input type="checkbox"/>
Thyroid lump where scan has shown suspicious features (include scan report)	<input type="checkbox"/>