

# Suspected Cancer of Unknown Primary (MUO)



This form should be submitted via the Referral Support Service

## Reference/Priority

Referral Date: <Specific Referral Out Details>	Priority: 2WW	NHS Number: <NHS number>
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## Patient Details

Title: <Patient name>	Forename(s): <Patient name>	Surname: <Patient name>
Date of Birth: <Date of birth>	Gender: <Gender>	Ethnicity: <Ethnicity>

## Contact Details

Address Line 1: <Patient address>	Address Line 2: <Patient address>	Address Line 3: <Patient address>
Town: <Patient address>	County: <Patient address>	Postcode: <Patient address>
Phone: <Patient Contact Details>	Mobile: <Patient Contact Details>	Text Message Consent: No
Email: <Patient Contact Details>		

## Referrer/Practice Details

Referring Name: <Specific Referral Out Details>	Referrer Code: <Specific Referral Out Details>	Practice Code: <Organisation Details>
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## Referral Details

Specialty: 2WW	Clinic Type: 2WW Cancer of Unknown Primary	Named Clinician: 
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## Patient Choice Preferences

Provider 1: <Recipient details>	Provider 2: 
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## Preferences

Assistance Required: No	Assistance Notes: 	Confidential/Silent Referral: No
Preferred Contact Time: 	Interpreter Required: No	Preferred Language: <Main spoken language>

## Referral Details

Non-clinical information for the booking team:

Provisional Diagnosis:

<Specific Referral Out Details>

Smoking Status Readcode:

<Diagnoses>

## Referral Reason/Letter Text

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<Specific Referral Out Details>

# Suspected Cancer of Unknown Primary (MUO)



If your patient does not meet any of the NICE defined 2WW criteria please liaise (by phone or Advice and Guidance) with a specialist or send them in as an urgent referral. Please do not annotate 2WW forms with your own criteria.

## Patient Awareness

Confirm that your patient understands that they have been referred onto a "suspected cancer pathway":	<input type="text" value="Unknown"/>
Confirm that your patient has received the <a href="#">information leaflet</a>	<input type="text" value="Unknown"/>
Confirm that your patient is available to attend an appointment within 2 weeks of this referral**	<input type="text" value="Unknown"/>
Confirm that the patient's renal function (Urea and electrolytes) has been requested and the patient is aware to have the sample taken urgently, to expedite the request for CT Thorax, abdomen and pelvis with contrast:	<input type="text" value="Unknown"/>
**If, after discussion, your patient chooses to not attend within 2 weeks, when will they be available: <input type="text"/>	

**Please attach all imaging reports**

**Use this form for:** (tick appropriate boxes)

Multiple lung metastases on CXR/CT (unless Radiology indicates lung primary)	<input type="checkbox"/>
Multiple brain metastases on CT/MRI	<input type="checkbox"/>
Multiple liver metastases on USS/CT/MRI	<input type="checkbox"/>
Multiple bone metastases on XR/CT/MRI/bone scan ( <b>PSA not raised</b> )	<input type="checkbox"/>
Widespread peritoneal infiltration +/-ascites on USS/CT ( <b>CA125 not raised</b> )	<input type="checkbox"/>
Other disseminated disease on scan and no site of primary identified (discuss with oncology)	<input type="checkbox"/>

**For advice please contact Oncology on call or Acute Oncology Nurses on 01904 724519**

**An alternative referral form should be used for the following results:**

- Radiology indicates lung primary - use **Suspected Lung Cancer** form
- Multiple bone metastases on XR/CT/MRI/bone scan (**PSA raised**) - use **Suspected Urological Cancer** form
- Widespread peritoneal infiltration +/-ascites on USS CT (**CA125 raised**) - use **Suspected Gynaecological Cancer** form

**Please give indication of patient's performance status** (tick one of the following)

0 - Normal activity/well	<input type="checkbox"/>
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1 - Normal activity but symptomatic

2 - Resting but <50% of the day

3 - Resting >50% of the day

4 - Bed bound/limited mobility for ADL

## Family History

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<Family History(table)>

## Active Problems

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<Problems(table)>

## Summary

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<Summary(table)>

## Significant Past

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<Problems(table)>

## Current Repeat Medication

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<Medication(table)>

## Acute Medication (last 3mths)

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<Medication(table)>

## Measurements

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### BP (last 3):

<Last 3 BP Reading(s)(table)>

### Weight (last 3):

<Numerics>

### Height (last 3):

<Numerics>

### BMI (last 3):

<Numerics>

### Oxford Knee Score (last 3):

<Numerics>

## Allergies

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<Allergies & Sensitivities(table)>

## Lab Results

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<Pathology & Radiology Reports(table)>

