

Suspected Lower GI Cancer – Referral Form



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 Lower GI	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>

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Referral Details

Non-clinical information for the booking team:

Provisional Diagnosis:

Smoking Status Readcode:

Referral Reason/Letter Text

<Specific Referral Out Details>

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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 information leaflet	<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"/>
If, after discussion, your patient chooses to not attend within 2 weeks, when will they be available: <input type="text"/>	

Condition Details (tick appropriate boxes)

Any age abdominal mass or rectal (not pelvic) mass (Attach scan report if already performed)	<input type="checkbox"/>
Any age unexplained rectal bleeding and change in bowel habit (looser stool, increased frequency or constipation)	<input type="checkbox"/>
Any age unexplained rectal bleeding and abdominal pain	<input type="checkbox"/>
Any age unexplained rectal bleeding and weight loss	<input type="checkbox"/>
Any age unexplained rectal bleeding and iron deficiency anaemia (confirmed by haemoglobin and ferritin levels)	<input type="checkbox"/>
Age \geq 40 unexplained weight loss and abdominal pain	<input type="checkbox"/>
Age \geq 50 unexplained rectal bleeding	<input type="checkbox"/>
Age \geq 60 persistent change in bowel habit (looser stool, increased frequency or constipation)	<input type="checkbox"/>
Age \geq 60 iron deficiency anaemia (confirmed by haemoglobin and ferritin levels)	<input type="checkbox"/>
Any age unexplained anal mass and/or anal ulceration	<input type="checkbox"/>
FIT Positive	<input type="checkbox"/>

Family History

<Family History(table)>

Active Problems

<Problems(table)>

Summary

<Summary(table)>

Significant Past

<Problems(table)>

Current Repeat Medication

<Medication(table)>

Acute Medication (last 3mths)

<Medication(table)>

Measurements

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

<Allergies & Sensitivities(table)>

Lab Results

<Pathology & Radiology Reports(table)>