

Suspected Haematological 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 Haematology	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:

Smoking Status Readcode:

Referral Reason/Letter Text

<Specific Referral Out Details>

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)

Abnormal blood test(s) suggestive of haematological cancer

For Acute Leukaemia make immediate referral by contacting the Haematologist on-call

Chronic Myeloid Leukaemia

Chronic Lymphocytic Leukaemia with Hb<10g/L, or Low platelets <100 x10⁹/L or with the following symptoms night sweats, tiredness and unexplained weight loss

Myeloma

With significant paraproteinaemia (IgG>20g/L, IgA>10g/L) or presence of Bence-Jones Proteinuria – not Polyclonal Light chains or Immunoglobulins

With any paraproteinaemia with symptoms of back pain or bone pain, anaemia (Hb <10g/L), acute or deteriorating renal impairment

Suggested by imaging and confirmed by paraproteinaemia or Bence Jones Proteinuria

Lymphoma

For enlarged lymph nodes with no other features, use the Suspected Malignant Lymph Nodes referral form

Lymphadenopathy with abnormal FBC

Splenomegaly and night sweats and unexplained weight loss

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)>