Suspected Lower GI Cancer – Referral Form

NHS

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

USC referrals should be submitted on Gateway via the Referral Support Service

Patient Awareness

Confirm the patient understands that they have been referred onto a "suspected bowel cancer pathway" and may need invasive investigations: including colonoscopy and gastroscopy, CT colonoscopy and Flexible Sigmoidoscopy ◯ Yes ◯ No
*Required field

Confirm that your patient has received the information leaflet ◯ Yes ◯ No
*Required field

Confirm the patient is a suitable candidate for telephone assessment and/or Straight To Test (STT) ◯Yes ◯No
*Required field

Confirm the patient has been informed that they may be sent straight to test and has agreed to this and the patient may not be seen by a Consultant ◯ Yes ◯ No *Required field

Confirm the patient is available to attend an appointment or an investigation within 2 weeks of this referral and if necessary subsequent appointments over the next few weeks ◯ Yes ◯ No
*Required field

Please select reason for referral:

Symptomatic FIT Result ≥10 (Straight to Test/ Fast Track Outpatient Clinic) **Please insert (Gateway will pull result from clinical system if present)**	☐
Palpable Anorectal Mass or Ulceration **Reason for doing test to be ticked below**	☐
Abdominal Mass (request FIT but do not delay referral) **Reason for doing test to be ticked below**	☐
New IDA and ≥60 (request FIT but do not delay referral) **Reason for doing test to be ticked below**	☐
FIT Negative with Luminal symptoms and ongoing concerns **Please insert FIT result & see page 3**	☐
Unable to obtain FIT due to patient's clinical circumstances. Explain these circumstances	

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Symptoms:

Please indicate below which NG12 or DG30 criteria your patient meets:

Age ≥ 50 with unexplained abdominal pain and weight loss	☐
Age < 60 with changes in bowel habit	☐
Age < 60 with iron-deficiency anaemia confirmed by haemoglobin and ferritin levels	☐
Age ≥ 60 with anaemia but without iron deficiency	☐
Age ≥ 40 with unexplained abdominal pain and weight loss	☐
Age >50 with unexplained rectal bleeding	☐
Age >60 with iron deficiency anaemia or change in bowel habit	☐
Age<50 with rectal bleeding and anyone of the following, abdominal pain, change in bowel habit, weight loss, iron deficiency anaemia	☐
FIT Tests show occult blood in their faeces as part of low risk assessment	☐
Any age abdominal mass or anorectal mass	☐

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FIT Negative with Luminal symptoms and ongoing concerns

Unable to obtain FIT due to patient's clinical circumstances.

If FIT negative please consider other options which maybe more appropriate for your patient such as managing symptoms in the community, ongoing primary care clinical review or consider other referral pathways for example:

- Rapid Diagnostic Centre (RDC)
- Other Fast Track Pathways (Urology, Upper GI, Gynaecology etc)
- IBD Pathway
- Gastroenterology
- Advice and Guidance
- Urgent/Routine Colorectal referral

Unable to obtain FIT due to patient's clinical circumstances.

- Unable to obtain FIT due to patient's clinical circumstances.
- Please specify here: [   ]
- Please consider performing a FIT by obtaining a sample via digital rectal examination.

Abdominal Examinations

Abdominal examination findings?

☐ | Normal | Abnormal |

Digital Per Rectum Examination

☐ | Normal | Abnormal |