

**GP REFERRAL PROFORMA FOR SUSPECTED HEAD AND NECK CANCER (inc Thyroid)
PLEASE ATTACH ELECTRONICALLY TO CHOOSE & BOOK REFERRAL**

**On completion please attach to Choose & Book Referral. Please contact the number below
if CAB unavailable**

Decision to refer date:

UBRN:

Is patient aware that this is a suspected cancer referral? Yes No

If No, please state reasons why:

Has patient information leaflet been issued? Yes No

If No, please state reasons why:

Does the patient have availability within the next 14 days? Yes No

Please state any days which the patient is NOT available within the next two weeks:

<p>Patient Details: Surname: Forename: Address: DOB: Hosp No: NHS No: Contact Tel No:</p>	<p>Referring GP Details: Name: Practice: Tel No: Fax No:</p>
<p>Suspected Head and Neck Cancer:</p> <p><input type="checkbox"/> An unexplained lump in the neck, of recent onset or a previously undiagnosed lump that has changed over a period of 3 – 6 weeks</p> <p><input type="checkbox"/> An unexplained persistent swelling in the parotid or submandibular gland</p> <p><input type="checkbox"/> An unexplained persistent or sore throat</p> <p><input type="checkbox"/> Unilateral unexplained pain the head and neck area for more than 4 weeks, associated with otalgia but a normal otoscopy</p> <p><input type="checkbox"/> unexplained ulceration of the oral mucosa or mass persisting for more than 3 weeks</p> <p><input type="checkbox"/> Unexplained red and white patches (including suspected lichen planus) of the oral mucosa that are painful bleeding or swollen</p> <p><input type="checkbox"/> Persistent symptoms of the oral cavity Followed up for six weeks where definitive Diagnosis of a benign lesion cannot be made</p> <p><input type="checkbox"/> Hoarseness > 3 weeks, with negative chest X-ray</p>	<p>Suspected Thyroid Cancer:</p> <p>Thyroid Swelling associated with:</p> <p><input type="checkbox"/> A solitary nodule increasing in size</p> <p><input type="checkbox"/> A history of neck irradiation</p> <p><input type="checkbox"/> A family history of endocrine cancer</p> <p><input type="checkbox"/> Unexplained hoarseness or voice changes</p> <p><input type="checkbox"/> Cervical lymphadenopathy</p> <p><input type="checkbox"/> Very young (pre pubertal) patient</p> <p><input type="checkbox"/> Patient aged 65 years and older</p>

Past Medical History, Medication and Allergies will automatically be included in form. Please enter below any other significant additional information or attach relevant results/documentation to the UBRN in Choose & Book.

This form should only be used for patients who meet the NICE referral criteria for suspected cancer (2005). All other referring symptoms should be referred by letter.

Do not use this form for non-suspected cancer referrals

For completion by Trust and use for fax back acknowledgement to GP if CAB unavailable:

Date received :

Date of 1st Appointment:

Patient informed by : Letter Telephone

Patient Details:

Surname:

Forename:

Hosp No:

NHS No:

Consultations within the last seven days:

Past Medical History:

Medication:

Allergies:

Should the Choose and Book system become unavailable, please contact your local CaB Lead.

Mci 'WUb'ZU 'h Y: UghHfUW 'cZjW'cb' 0117 342 3266 or call 0117 342 0621
0117 342 0663
0117 342 0032

Refer to:

UH Bristol