**URGENT REFERRAL FORM FOR**

**SUSPECTED MALIGNANCY OF UNDEFINED PRIMARY ORIGIN**

**Fax to: 02381 204297**

|  |  |  |
| --- | --- | --- |
| **1. Has the patient been counselled regarding this referral as per NICE guidelines i.e. advised why they have been referred to a**  **cancer service and offered appropriate information? YES NO**  **2. Has the patient been advised that they need to be available within the next two weeks? YES NO** | | |
| **Referring GP :** | **GP Address & Postcode** | **GP Tel. No. …….……………………**  **GP Fax. No. …………………………** |
| **Registered GP:** |  |  |
| **Date of patient’s first appointment with GP for related symptom/complaint ………………………..** | | |
| **Patient’s Title and Surname:**  **……………………………………………**  **Forename (s)**  **…………………………………………..** | **Address and Postcode:** | **Contact Phone Number/s:** |
| **DOB:………………………………….**  **AGE:………………………………….** | **NHS Number:** | **Gender:**  **Male 🞎 Female 🞎** |
| **Cultural, Mobility, Impairment Issues** | | |
| **Performance status: -** | | |
| **Patient’s preferred Language ………………………………………..**  **Interpreter required? Yes No**  **Please list any hearing or visual impairments requiring specialist help (Sign language, Braille, Loop induction systems)……………………………………..**  **Is Disabled Access required? Yes No**  **Is Transport required? Yes No (Any required transport should be booked by the GP practice)**  **Ethnic origin…………………………………………... Religion………………………………**  **Is the Patient from overseas or a temporary visitor?** | | |
| **Referral Information** | | |
| **Reason for referral (please tick one or more that apply)**  **Suspicious bone metastases on plain X-ray or bone scan with no obvious primary clinically and a normal PSA and negative myeloma screen**  **Liver metastases on ultrasound with no obvious primary clinically**  **Multiple lung metastases on Chest X-ray with no obvious primary clinically**  Contact :- (***to discuss prior to referral).*** | | |
| **Clinical information** | | |
| **Symptoms:** | | |
| **Investigations to date:** | | |
| **Past medical history:** | | |
| **Smoking and Alcohol History:** | | |
| **Additional Information:** | | |
| **Patients who are unaware cancer is suspected should not be referred until they have been told the reason for referral and that they will be seeing a cancer specialist** | | |
| **Referred by: Date referred:** | | |