**URGENT REFERRAL FORM FOR**

**SUSPECTED MALIGNANCY OF UNDEFINED PRIMARY ORIGIN**

**Fax to: 02381 204297**

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| **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:** |