

SUSPECTED HEAD & NECK CANCER REFERRAL FORM

Referrer Details	Patient Details		
Name:	Forename:	Surname:	DOB:
Address:	Address:		Gender:
			Hospital No.:
			NHS No.:
Tel No:	Tel No. (1):	Please check telephone numbers	
	Tel No. (2):		
Email:	Carer requirements (has dementia or learning difficulties)?		Does the patient have the capacity to consent? Yes <input type="checkbox"/> No <input type="checkbox"/>
Decision to Refer Date:	Translator Required: Yes <input type="checkbox"/> No <input type="checkbox"/> Language:		Mobility:

Level of Concern

☐ I think it is likely that this patient has cancer, and would like the patient to be investigated further even if the first test proves negative, including a Consultant to Consultant referral if deemed appropriate. All non-site specific symptoms (e.g. iron deficiency anaemia, unexplained weight loss) are listed in the clinical details section below.

Clinical details

Please detail your conclusions and what needs to be excluded, or attach a referral letter.

Suspected Head and Neck Cancer - General: <input type="checkbox"/> An unexplained palpable lump in the neck i.e. of recent onset or a previously undiagnosed lump that has changed over a period of 3 – 6 weeks. <input type="checkbox"/> An unexplained persistent swelling in the parotid or submandibular gland	Suspected Thyroid Cancer: <input type="checkbox"/> unexplained thyroid lump (consider) <i>Please perform thyroid function test in parallel with referral.</i>
Suspected Head and Neck Cancer – Ear, Nose and Throat Origin: <input type="checkbox"/> Persistent unexplained hoarseness i.e. >3 weeks, with negative chest X-ray (consider) <input type="checkbox"/> An unexplained persistent sore throat especially if associated with dysphagia, hoarseness or otalgia <input type="checkbox"/> Referred otalgia as a symptom of laryngeal or pharyngeal malignancy <input type="checkbox"/> Dysphagia with obstruction in pharynx or cervical oesophagus <input type="checkbox"/> Persistent unilateral nasal obstruction with bloody discharge <input type="checkbox"/> Unexplained unilateral serous otitis media/ effusion in a patient aged over 18	Suspected Head and Neck Cancer – Oral Maxillo-Facial Origin <input type="checkbox"/> Unexplained ulceration of the oral cavity or mass persisting for more than 3 weeks (consider) <input type="checkbox"/> Unexplained red and white patches (including suspected lichen planus) of the oral cavity particularly if painful, bleeding or swollen (consider). <input type="checkbox"/> Oral cavity and lip lesions or persistent symptoms of the oral cavity followed up for six weeks where definitive diagnosis of a benign lesion cannot be made <input type="checkbox"/> Non-healing extraction sockets (>4 weeks duration) or suspicious loosening of teeth, where malignancy is suspected (particularly if associated with numbness of the lip)

Please note: unilateral sensorineural hearing loss is not a symptom of head and neck cancer. Please refer patients with this symptom via the normal channels.

Smoking status	WHO Performance Status: <input type="checkbox"/> 0 Fully active <input type="checkbox"/> 1 Able to carry out light work <input type="checkbox"/> 2 Up and about greater than 50% of waking time <input type="checkbox"/> 3 Confined to bed/chair for greater than 50% <input type="checkbox"/> 4 Confined to bed/chair 100%
Alcohol consumption (units per week)	
BMI if available	

Please confirm that the patient has been made aware that this is a suspected cancer referral: ☐ Yes ☐ No

Please confirm that the patient has received the two week wait referral leaflet: ☐ Yes ☐ No

Please provide an explanation if the above information has not been given:

If your patient is found to have cancer, do you have any information which might be useful for secondary care regarding their likely reaction to the diagnosis (e.g. a history of depression or anxiety, or a recent bereavement from cancer might be relevant) or their physical, psychological or emotional readiness for further investigation and treatment?

Date(s) that patient is unable to attend within the next two weeks

If the patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.

Please attach additional clinical issues list from your practice system.
Details to include:
 Current medication, significant issues, allergies, relevant family history and morbidities

Trust Specific Details

For hospital to complete UBRN: Received date:
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