Suspected Cancer in Adults BRAIN and CNS (2WW)

NHS Northern Cancer Alliance

Date of Referral: **Short date letter merged**

Name	**Full Name**	DOB	**Date of Birth**	NHS No	**NHS Number**

Attach this form to the e-referral within 24 hours

If ERS is not an option, please send this form AND 'Referral Header Sheet' (EMIS only) to the PROVIDER

Patients who are medically stable should be referred to CNS MDT below:

Newcastle: use eRS

South Tees Email: stees.twoweekrule@nhs.net

Those who are medically unstable should be admitted to their local hospital for initial treatment and referred to the appropriate CNS team as an inpatient.

- ☐ The patient has been informed that this is an urgent referral for suspected cancer
- ☐ The patient is available and willing to attend hospital for urgent tests/appointment within 14 days
- ☐ The patient has been given the 2WW Patient information Leaflet

Hyperlinks to: **NICE GUIDANCE** **Patient info leaflet including easy read**

This form is for Adults with Suspected Cancer, but not patients with metastatic spinal cord lesions

☐	**Abnormal MRI/CT suspicious of brain cancer** (please enclose report and where investigation was performed)

NICE GUIDANCE

Consider an urgent direct access MRI scan of brain (or CT scan with contrast if MRI is contraindicated) to be performed within 2 weeks

For Adults with progressive, sub-acute loss of central neurological function:

- Progressive neurological deficit (e.g. unilateral weakness, heminanopia).
- Progressive cognitive deficit or personality change (if atypical for dementia or mood disorder).
- Adults with new onset focal seizures (with or without secondary generalisation or, **Urgent** referral to **NEW ONSET epilepsy clinic**

NOT for: isolated headache with normal examination

MRI

If MRI suggests a brain tumour and the patient is unwell admit as emergency to your local hospital.

If the patient is stable and MRI suggests a primary tumour or single metastatic lesion, refer to Neuro-oncology MDT using this form.

Multiple metastatic lesions on MRI

Patient stable + known primary - URGENT referral to specialist for primary disease/discuss with specialist

Patients stable + unknown primary URGENT discussion with neurosurgery + radiology to plan further investigations Or, refer to malignancy of unknown origin pathway, if available.

If the MRI is normal the patient should be referred to either first seizure or neurology clinic.

Reason for Referral

(Please include the date of symptom onset and details of symptoms including neurological deficits and what the patient knows.) The clinical information is essential to safe and effective care of your patient.

Specific Past Medical History (including previous or existing malignancy, name of their oncologist, disease status and if oncologist has been contacted)

NB: The full Medical History, Medication and any known allergies can be found below

Treatments started and effects: (e.g. steroids, ppi & anti-coagulants, how long, include response)

Description	Y	N	Description	Y	N
Warfarin	☐	☐	NOAC e.g. Rivaroxaban/Dabigatran/Apixaban/Edoxaban	☐	☐
Antiplatelet e.g. Clopidogrel, Prasugrel	☐	☐			
Insulin/Sulfonylureas	☐	☐	Metformin	☐	☐

Performance Status			
	☐	0	Fully active
	☐	1	Cannot carry out heavy physical work
	☐	2	Up and about more than half the day and can look after yourself
	☐	3	In bed or sitting in a chair for more than half the day and need help in looking after yourself
	☐	4	In bed or a chair all the time and need a lot of looking after

Please indicate COVID 19 risk:		
☐	**Standard**	No co-morbidities
☐	**Vulnerable**	Co-morbidities/frailty
☐	**Shielded**	In the shielded group because of high risk from COVID 19 infection

Investigations/procedures: (key tests imported if recorded on clinical system)

If blood test result does not appear below but have been requested, please tick and date the appropriate box.

U&Es	☐ **Requested** **Date:**			
	Result within last month		**Latest Result**	
Sodium	Single Code Entry: Serum sodium	Single Code Entry: Serum sodium	Single Code Entry: Serum sodium	Single Code Entry: Serum sodium
Potassium	Single Code Entry: Serum potassium	Single Code Entry: Serum potassium	Single Code Entry: Serum potassium	Single Code Entry: Serum potassium
Urea	Single Code Entry: Serum urea level	Single Code Entry: Serum urea level	Single Code Entry: Serum urea level	Single Code Entry: Serum urea level
Creatinine	Single Code Entry: Serum creatinine	Single Code Entry: Serum creatinine	Single Code Entry: Serum creatinine	Single Code Entry: Serum creatinine

eGFR result within last month ☐ **Requested** **Date:**

Single Code Entry: eGFR using creatinine (CKD-EPI) per 1.73 square metres…	Single Code Entry: eGFR	Single Code Entry: eGFR	Single Code Entry: eGFR using creatinine (CKD-EPI) per 1.73

eGFR latest result

Single Code Entry: eGFR using creatinine (CKD-EPI) per 1.73 square metres…	Single Code Entry: eGFR	Single Code Entry: eGFR	Single Code Entry: eGFR using creatinine (CKD-EPI) per 1.73

Title Given Name Surname Date of Birth NHS Number

Referrer details

Name of Referrer:		Date of referral:	**Short date letter merged**
Referring organisation **Organisation Name, Organisation Full Address (single line)** Tel: **Organisation Telephone Number** Email: **Organisation E-mail Address** Fax: **Organisation Fax Number**		**GP details** **Usual GP Full Name** **Usual GP Organisation Name, Usual GP Full Address (single line)** Tel: **Usual GP Phone Number** Fax: **Usual GP Fax Number**	
Name of GP to address correspondence to, if different to accountable GP:			

Patient details

Name:	**Full Name**	Address:	**Home Full Address (stacked)**	
Gender:	**Gender(full)**			
DOB and Age	**Date of Birth** Age **Age**			
NHS number:	**NHS Number**			
Patient Contacts	Home: **Patient Home Telephone**		Mobile:	**Patient Mobile Telephone**
	Work: **Patient Work Telephone**		Email:	**Patient E-mail Address**
	Carer/Advocate: The patient has confirmed the following person should be included in correspondence – Name: Contact Details:			
Contact Consent:	☐ Can leave message on answer machine ☐ Can contact by text ☐ Can contact by Email		NB: Not all services use Texts or Emails as a method of communication.	
Ethnicity:	**Ethnic Origin**			
Interpreter:	☐ **Yes** Language: **Single Code Entry: Main spoken language**			
Accessibility Needs:	☐ Wheelchair access ☐ Deaf **Single Code Entry: Deafness** ☐ Registered Blind **Single Code Entry: Registered blind** ☐ Learning Disability **Single Code Entry: On learning disability register** **Single Code Entry: [X]Specific developmental disorders of scholastic skills** ☐ Other disability needing consideration ☐ Accompanied by Carer			
Risks:	☐ Vulnerable Adult (details below if any recording in last 3 years) **Single Code Entry: Vulnerable adult** **Single Code Entry: Adult no longer vulnerable** **Single Code Entry: Failed or difficult intubation** Other:			
Other: **Single Code Entry: Military veteran** **Single Code Entry: Left military service** **Single Code Entry: History relating to military service** **Single Code Entry: Occupation history** **Single Code Entry: Has a carer** **Single Code Entry: Is no longer a carer** **Single Code Entry: Is a carer** **Single Code Entry: Carer**				

Accessible Information

Communication Support: Uses a legal advocate...
Professional Required: Interpreter needed - British Sign Language...
Contact Method: Requires contact by telephone...
Information format: Requires information verbally...

If you have any problem with this form or suggested changes, please control & click here to open direct email. (NB: NOT TO BE USED FOR REFERRING A PATIENT) 2WW NCA Brain/CNS Referral Form – EMIS Web V4 Gateshead April 2018

Title Given Name Surname Date of Birth NHS Number

To be completed by the Data Team (Insert Dates)
Received: / / First Appointment booked: / /
First Appointment date: / / 1st seen: / /
Specify reason if not seen on 1st appointment:
Diagnosis: Malignant ☐ Benign ☐