

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 the ERS not available, please send [this form AND 'Referral header sheet'](#) by email or FAX

- Patient has been informed that this is an urgent referral for suspected cancer
- The patient is available and willing to attend hospital for 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](#)

NICE Guidance	Refer immediately by telephone (discuss with Haematologist) patients –	
	<ul style="list-style-type: none"> • With a blood count/film reported as acute leukaemia • With spinal cord compression or renal failure due to myeloma 	
	Refer urgently to be seen within 2 weeks patients -	
	<input type="checkbox"/>	With unexplained splenomegaly
	<input type="checkbox"/>	Unexplained lymphadenopathy (>2cm) for over 6 weeks (exclude HIV, recent CMV/EBV infection or other transient viral infection)
	<input type="checkbox"/>	Protein electrophoresis or serum free light chains or Bence-Jones test suggests myeloma
	<input type="checkbox"/>	Bone X-ray suggests myeloma

- Malignancy suspected:**
- Leukaemia** (Must include FBC result)
 - Myeloma** (Must include Paraprotein/serum free light chains/Bence-Jones)
 - Lymphoma** (Lymphoma HD or NHL)

Presenting Signs and Symptoms	Symptoms:	Clinical Examination:
	<input type="checkbox"/> Night sweats	Lymph Nodes –
	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> neck <input type="checkbox"/> axilla
	<input type="checkbox"/> Itching	<input type="checkbox"/> groin <input type="checkbox"/> other
	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Pallor
	<input type="checkbox"/> Breathlessness	<input type="checkbox"/> Hepatomegaly
	<input type="checkbox"/> Bruising	<input type="checkbox"/> Splenomegaly
	<input type="checkbox"/> Recurrent infections	<input type="checkbox"/> Bruising/petechiae
	<input type="checkbox"/> Bone pain	<input type="checkbox"/> Stomatitis/mouth ulcers
	<input type="checkbox"/> Alcohol induced lymph node pain	

Reason for Referral – Compulsory

Weight: Single Code Entry: O/E - weight Single Code Entry: O/E - weight Single Code Entry: O/E - weight

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

Please indicate COVID 19 risk:

<input type="checkbox"/>	Standard	No co-morbidities
<input type="checkbox"/>	Vulnerable	Co-morbidities/frailty
<input type="checkbox"/>	Shielded	In the shielded group because of high risk from COVID 19 infection

Investigations and results: (key tests imported if recorded on clinical system)

Do not delay referral waiting for test results

Chest X-ray: Single Code Entry: Standard chest X-ray

Blood test	Latest Result	Date
ESR	Single Code Entry: Erythrocyte sedimentation rate	Single Code Entry: Erythrocyte sedimentation rate
Hb:	Single Code Entry: Haemoglobin estimation	Single Code Entry: Haemoglobin estimation
WCC	Single Code Entry: Total white cell count	Single Code Entry: Total white cell count
Urea	Single Code Entry: Serum urea level	Single Code Entry: Serum urea level
Creatinine	Single Code Entry: Serum creatinine	Single Code Entry: Serum creatinine
serum adjusted Calcium	Single Code Entry: Corrected serum calcium level	Single Code Entry: Corrected serum calcium level
Myeloma Screen		
Serum Kappa level	Single Code Entry: Serum kappa light chain level	Single Code Entry: Serum kappa light chain level
Serum Lambda level	Single Code Entry: Serum lambda light chain level	Single Code Entry: Serum lambda light chain level

Title Given Name Surname

Date of Birth

NHS Number

Serum Kappa lambda ratio	Single Code Entry: Serum kappa:lambda light chain ratio	Single Code Entry: Serum kappa:lambda light chain ratio
Bence jones Protein	Single Code Entry: Urine: Bence Jones' protein	Single Code Entry: Urine: Bence Jones' protein
Serum Paraprotein level	Single Code Entry: Serum paraprotein level	Single Code Entry: Serum paraprotein level
Serum total protein	Single Code Entry: Serum total protein	Single Code Entry: Serum total protein
IgM (Immunoglobulin M)	Single Code Entry: IgM	Single Code Entry: IgM
Others		

NB: Paraprotein and Serum free light chains MUST be included if suspected myeloma

Referrer details

Name of Referrer: <input type="text"/>	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		<input type="text"/>

Patient details

Name	Full Name	Address:	Home Full Address (stacked)
Gender	Gender(full)		
DOB & 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: <input type="text"/> Contact Details: <input type="text"/>		
Contact Consent:	<input type="checkbox"/> Can leave message on answer machine <input type="checkbox"/> Can contact by text <input type="checkbox"/> Can contact by Email	NB: Not all services use Texts or Emails as a method of communication.	
Ethnicity:	Ethnic Origin		
Interpreter:	<input type="checkbox"/> Yes Language: Single Code Entry: Main spoken language <input type="text"/>		
Accessibility Needs:	<input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf Single Code Entry: Deafness <input type="checkbox"/> Registered Blind Single Code Entry: Registered blind <input type="checkbox"/> Learning Disability, Single Code Entry: On learning disability register Single Code Entry: <input checked="" type="checkbox"/> Specific developmental disorders of scholastic skills <input type="checkbox"/> Other disability needing consideration <input type="text"/> <input type="checkbox"/> Accompanied by Carer		
Risks:	<input type="checkbox"/> Vulnerable Adult (detail below of any recordings in last 3 years) Single Code Entry: Vulnerable adult Single Code Entry: Adult no longer vulnerable Single Code Entry: Failed or difficult intubation Any other known risks: <input type="text"/>		
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		

Patient 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 Haematology referral form – EMIS Web V4 Gateshead April 2018

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:

Title Given Name Surname

Date of Birth

NHS Number

Diagnosis: Malignant Benign