Suspected Cancer in Adults
HEAD and NECK (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 the ERS not available, then send this form AND 'Referral header sheet' by secure 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

Hyperinks to: NICE GUIDANCE Patient info leaflet including easy read

NICE Guidance

SITE of LESION: **Free Text Prompt**

ENT	
☐	Patients over 45 with persistent (not intermittent or fluctuating), unexplained hoarseness
☐	Persistent, unexplained lump in the neck or parotid region of recent onset. (It is advisable to wait 3 weeks after an upper respiratory tract infection for reactive lymph nodes to improve)
☐	Unexplained, persistent, unilateral enlargement or ulceration of the tonsil or adjacent soft palate
ORAL & MAXILLOFACIAL	
☐	Unexplained ulceration or lump on the lips or in the oral cavity lasting more than 3 weeks
☐	Persistent, unexplained lump in the neck or parotid region of recent onset
☐	New unexplained red or red and white patch in oral cavity consistent with erythroplakia/erythroleukoplakia; lasting more than 3 weeks and having been present less than six months.

NOT TO BE USED FOR THE FOLLOWING: Toothache or Dental Infection
OR Delayed and Unexplained Non-Healing of a Dental Socket of less than 3 weeks

Consider an urgent referral to head and neck for these symptoms not covered by NICE guidelines (for an appointment within 6 weeks). DO NOT USE THIS FORM
Persistent, upper dysphagia (may be triaged to 2WW if associated with pain on swallowing, and/or pain radiating to the same side ear, and weight loss – please give this information in the reason for referral
Unexplained persistent sore throat
Unexplained unilateral nasal obstruction when associated with blood-stained discharge and /or unilateral facial swelling
Delayed and unexplained non-healing of a dental extraction socket for over 3 weeks

Reason for Referral – Compulsory*

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

Title Given Name Surname Date of Birth NHS Number

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

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 & 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 (detail below if any recording within 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 risk:			
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 NE Head and Neck Referral Form EMIS Web V7 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:
Diagnosis: Malignant ☐ Benign ☐