

Suspected Cancer in Adults LUNG (2WW)

Date of referral **Short date letter merged**

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

- 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](#)

Immediate Referral - DO NOT USE THIS FORM

Speak directly to a Consultant Respiratory Physician or Consider acute admission for patient with:

- Signs of SVC obstruction (swelling of face/neck/fixed elevation of JVP)
- Stridor

Refer urgently for an appointment within 2weeks, patients with:

- Unexplained haemoptysis aged 40 years and older
- A chest X-ray where there is a high suspicion for lung cancer or mesothelioma
- A normal chest X-ray where there is a high suspicion of lung cancer
- A history of asbestos exposure and recent onset of chest pain, shortness of breath or unexplained systemic symptoms where a chest X-ray indicates pleural effusion, pleural mass or any suspicious lung pathology

Before Referral

Offer urgent Chest X-ray (to be performed within 2 weeks) to assess for lung cancer or mesothelioma in patients over 40:

If they have 2 or more of the following unexplained symptoms **OR**

If they have ever smoked or been exposed to asbestos and have one or more of the following unexplained symptoms:

- Cough
- Fatigue
- Shortness of breath
- Chest pain
- Weight loss
- Appetite loss

Consider an urgent chest X-ray in people aged 40 and over with any of the following:

- Persistent or recurrent chest infection
- Finger clubbing
- Thrombocytosis.
- Chest signs compatible with pleural disease
- Supraclavicular lymphadenopathy or persistent cervical lymphadenopathy

Reason form Referral – Compulsory

Recent CXR: YES NO If yes, DATE:

Single Code Entry: Standard chest X-ray normal...

Recent CT scan YES NO If yes, DATE:

WEIGHT: Single Code Entry: Body weight Single Code Entry: Body weight Single Code Entry: Body weight

Essential Information

As some patients will be directed to other investigations before the clinic appointment

Consent	
<input type="checkbox"/>	No problems with consent anticipated
<input type="checkbox"/>	There may be problems with consent. – e.g., significant dementia or learning disability
Disability	
<input type="checkbox"/>	No difficulty coping with investigation anticipated. No cognitive impairment/physical or behavioural issues that would make it difficult to manage the investigation
<input type="checkbox"/>	There may be difficulties coping with investigation due to physical or mental disability

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

Description	Y	N	Description	Y	N
Anticoagulants including NOACs	<input type="checkbox"/>	<input type="checkbox"/>	Metformin	<input type="checkbox"/>	<input type="checkbox"/>
Antiplatelet e.g. Clopidogrel, prasugrel	<input type="checkbox"/>	<input type="checkbox"/>	Insulin/Sulfonylureas	<input type="checkbox"/>	<input type="checkbox"/>

Cardiac	<input type="checkbox"/> Poorly controlled Angina/MI within 3 months
	<input type="checkbox"/> Prosthetic valve replacement, previous SBE or vascular graft within one year
Diabetes	<input type="checkbox"/>

History of IHD, Diabetes and CKD

NB: information below only displays latest recordings. Full list is displayed in the Medical History

: IHD - Ischaemic heart disease...

Blood Test Result in the last ONE month

LFTs	<input type="checkbox"/> Requested Date: <input type="text"/>			
	Result within 1 month REQUIRED		Latest Result	
Bilirubin	Single Code Entry: Serum bilirubin level	Single Code Entry: Serum bilirubin level	Single Code Entry: Serum bilirubin level	Single Code Entry: Serum bilirubin level
Total Bilirubin	Single Code Entry: Serum total bilirubin level	Single Code Entry: Serum total bilirubin level	Single Code Entry: Serum total bilirubin level	Single Code Entry: Serum total bilirubin level
Alkaline Phosphatase	Single Code Entry: Serum alkaline phosphatase level	Single Code Entry: Serum alkaline phosphatase level	Single Code Entry: Serum alkaline phosphatase level	Single Code Entry: Serum alkaline phosphatase level
ALT	Single Code Entry: Serum alanine aminotransferase	Single Code Entry: Serum alanine aminotransferase	Single Code Entry: Serum alanine aminotransferase	Single Code Entry: Serum alanine aminotransferase

	level	level	level	level
Albumin	Single Code Entry: Serum albumin level...	Single Code Entry: Serum albumin level...	Single Code Entry: Serum albumin level...	Single Code Entry: Serum albumin level...

FBCs	<input type="checkbox"/> Requested Date: <input type="text"/>			
	Result within 1 month REQUIRED		Latest Result	
Haemoglobin	Single Code Entry: Haemoglobin estimation	Single Code Entry: Haemoglobin estimation	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	Single Code Entry: Total white cell count	Single Code Entry: Total white cell count
MCV	Single Code Entry: MCV - Mean corpuscular volume	Single Code Entry: MCV - Mean corpuscular volume	Single Code Entry: MCV - Mean corpuscular volume	Single Code Entry: MCV - Mean corpuscular volume
Platelets	Single Code Entry: Platelet count	Single Code Entry: Platelet count	Single Code Entry: Platelet count	Single Code Entry: Platelet count

U&Es	<input type="checkbox"/> Requested Date: <input type="text"/>			
	Result within 1 month REQUIRED		Latest Result	
Sodium	Single Code Entry: Serum sodium level	Single Code Entry: Serum sodium level	Single Code Entry: Serum sodium level	Single Code Entry: Serum sodium level
Potassium	Single Code Entry: Serum potassium level	Single Code Entry: Serum potassium level	Single Code Entry: Serum potassium level	Single Code Entry: Serum potassium level
Urea Level	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 level	Single Code Entry: Serum creatinine level	Single Code Entry: Serum creatinine level	Single Code Entry: Serum creatinine level
Adj Calcium	Single Code Entry: Corrected serum calcium level	Single Code Entry: Corrected serum calcium level	Single Code Entry: Corrected serum calcium level	Single Code Entry: Corrected serum calcium level

eGFR result within 1 month REQUIRED **Requested Date:**

Single Code Entry: eGFR (estimated glomerular filtration rate) using CKD-Epi	Single Code Entry: GFR	Single Code Entry: GFR (glomerular)	Single Code Entry: GFR (glomerular filtration rate)
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eGFR latest result

Single Code Entry: eGFR (estimated glomerular filtration rate) using CKD-Epi	Single Code Entry: eGFR	Single Code Entry: eGFR (estimated)	Single Code Entry: eGFR (estimated glomerular filtration)
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ANY allergies: (including contrast)

Allergies

Please complete the rest of this form

Referrer details

Name of referrer:	Referring User <input type="text"/>	Date of referral:	Short date letter merged
Referring Organisation		GP details	
Organisation Name , Organisation Full Address (single line) Tel: Organisation Telephone Number Email: Organisation E-mail Address Fax: Organisation Fax Number		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 English... <input type="text"/>		
Accessibility Needs:	<input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf Single Code Entry: Partial 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: Moderate learning disability... <input type="checkbox"/> Other disability needing consideration <input type="text"/> <input type="checkbox"/> Accompanied by Carer		
Risks:	<input type="checkbox"/> Vulnerable Adult (Details of any recording within last 3 yrs) Single Code Entry: Vulnerable adult Single Code Entry: No longer a vulnerable adult... Single Code Entry: Difficult intubation Other: <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: History relating to Army service... Single Code Entry: Has a carer Single Code Entry: Is no longer a carer Single Code Entry: Is a carer			

Accessible information

Communication support: Uses a legal advocate...

Contact method: Requires contact by telephone...

Information format: Requires information verbally...

Professional required: Interpreter needed - British Sign Language...

[If you have any problem with this form or suggested changes, please contact & click here to open direct email.](#) (NB: NOT TO BE USED FOR REFERRING A PATIENT) NCA 2WW LUNG Referral Form July 2021 V6 EMIS Web SNOMED CDRC

To be completed by the Data Team (Insert Dates)			
Received:	/ /	First Appointment booked:	/ /
First Appointment date:	/ /	1 st seen:	/ /
Specify reason if not seen on 1 st appointment:			
Diagnosis:	Malignant <input type="checkbox"/>	Benign <input type="checkbox"/>	