

Suspected Cancer In Adults (2ww)

GDC Number:

Date of Referral:

Name		DOB		NHS No	
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Send this form by secure email to your local 2WW team – details [here](#)

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](#) [2WW Patient Information Leaflet](#)

NICE Guidance	SITE of LESION:	
	ENT	
	<input type="checkbox"/>	Patients over 45 with persistent (not intermittent or fluctuating), unexplained hoarseness
	<input type="checkbox"/>	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)
	<input type="checkbox"/>	Unexplained, persistent, unilateral enlargement or ulceration of the tonsil or adjacent soft palate
	ORAL & MAXILLOFACIAL	
	<input type="checkbox"/>	Unexplained ulceration or lump on the lips or in the oral cavity lasting more than 3 weeks
	<input type="checkbox"/>	Persistent, unexplained lump in the neck or parotid region of recent onset
	<input type="checkbox"/>	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: <u>Toothache or Dental Infection</u> or <u>Delayed and Unexplained Non-Healing of a Dental Socket of less than 3 weeks</u>		

Reason for Referral – Compulsory*

Social context

Alcohol consumption

Smoking history

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

Significant Past Medical History

Prescribed Medication

Any known Allergies

Non-therapeutic drug use

Any known risk to others

Please complete the rest of this form

Referrer details

Name of Referrer:		Dentist Surgery Address:
Dentist surgery Telephone number:		
Dentist surgery e-mail address		

GP Details

Usual GP:		GP Address:
GP surgery Telephone number:		
GP surgery email address		

Patient details

Name:		Address:
Gender:		
DOB & Age		
NHS Number:		
Home Tel No		Contact Consent (NB: not all services use texts or emails as method of communication) please select: <input type="checkbox"/> Can leave a message on answer machine <input type="checkbox"/> Can contacted by text <input type="checkbox"/> Can contacted by email
Mobile No:		
Email address:		
Work Tel No		
Carer/Advocate:	The patient has confirmed the following person should be included in correspondence: Name: _____ Contact details: _____	
Ethnicity:		
Interpreter:	<input type="checkbox"/> Yes Language: _____	
Accessibility Needs:	<input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf <input type="checkbox"/> Registered Blind <input type="checkbox"/> Learning Disability <input type="checkbox"/> Other disability needing consideration <input type="checkbox"/> Accompanied by Carer	
Risks:	<input type="checkbox"/> Vulnerable Adult Any other known risk: _____	
Other	<input type="checkbox"/> Military Veteran	

2WW NCA Head and Neck Dental Referral Form V3 Gateshead October 2018 electronic form updated April 2020

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"/>