Suspected Cancer in Adults URGENT 2WW and Non-Urgent BREAST

Clinical Digital Resource Collaborative – CDRC Supporting Clinical Decisions
Join our Journey – North East and North Cumbria
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

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

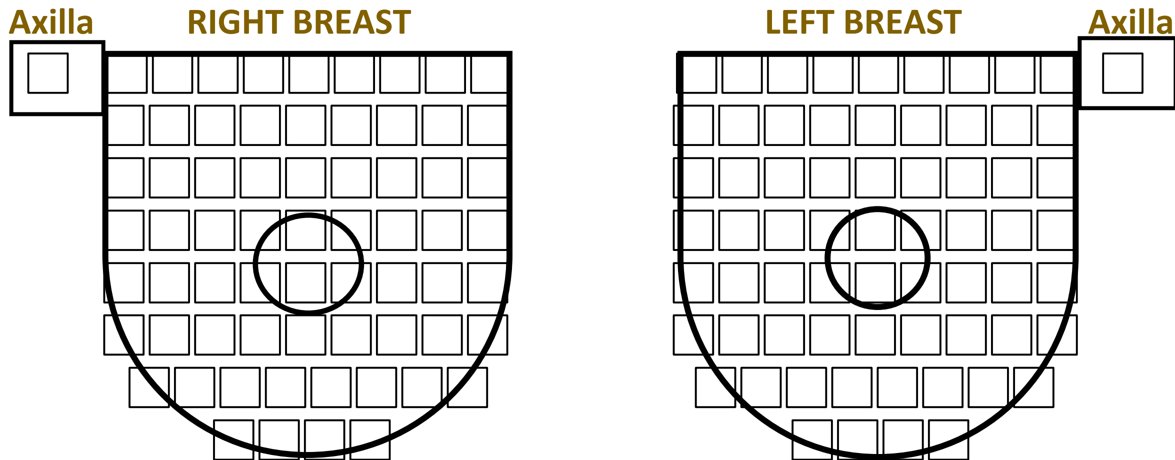
Hyperlinks to: **NICE GUIDANCE** **Patient info leaflet including easy read** **GP Breast Pain Pathway Information** **Breast Pain Patient Leaflet**

Symptomatic Cancer **NOT** suspected	**Yes**	**2ww Suspected Cancer** **Please use this section if your patient is LIKELY to have Breast Cancer**	**Yes**
Patients with breast pain alone (no palpable abnormality). I confirm prior recent primary care management as cancer extremely unlikely i.e 12 weeks regular NSAID or paracetamol as a minimum in line with NICE guidance NHS Breast Pain Info can be found here.	☐	Aged 30 and over and have an unexplained breast lump with or without pain	☐
People aged < 30 years with a lump	☐	Aged 50 and over with any of the following symptoms in one nipple only: discharge retraction Other changes of concern	☐
Asymmetrical nodularity/lumpiness or thickening (without discrete lump) that persists at review after menstruation	☐		
Infection or inflammation that fails to respond to antibiotics	☐	Skin changes that suggest breast cancer	☐
Unilateral, eczematous skin of areola or nipple without other worrying signs such as lump, discharge, bleeding or ulceration. I confirm recent topical treatment (such as 0.1% mometasone) was applied for 2 weeks with no clinical response.	☐	Aged 30 and over with an unexplained lump in the axilla.	☐
Unilateral, spontaneous, non-bloody nipple discharge that is persistent or troublesome in people under 50yrs	☐		

Reason for referral – Compulsory

*If no information provided above, your referral will be returned

Please indicate below where the specific problem is



Details of Last mammogram: **Single Code Entry: Mammogram...**

The patient is pregnant	**YES** ☐	**NO** ☐	**Don't Know** ☐
The patient is prescribed Warfarin	**YES** ☐	**NO** ☐	**Don't Know** ☐
If yes, please ensure INR is checked the day before clinic			
The patient is prescribed NOAC	**YES** ☐	**NO** ☐	**Don't Know** ☐
The patient is prescribed Antiplatelets including Clopidogrel	**YES** ☐	**NO** ☐	**Don't Know** ☐

Date of last menstrual Period (if menstruating):			
The patient is prescribed HRT	**YES** ☐	**NO** ☐	**Don't Know** ☐
If yes, please give details:			
The patient is using contraception	**YES** ☐	**NO** ☐	**Don't Know** ☐
If yes, please give details:			
Family History of breast or ovarian cancer	**YES** ☐	**NO** ☐	**Don't Know** ☐
Please give details:			

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

Investigation Results & any other relevant information

Has the patient had any imaging/pathology relevant at another hospital/independent sector organisation? ☐ **YES** ☐ **NO** **Please enclose results to avoid unnecessary delays**

If YES, please give date and name of organisation:

Problems, Allergies, Acute / Repeat Medication

Problems

Allergies

Medication

Incomplete information may delay appropriate care for your patient

PLEASE COMPLETE THE REST OF THIS FORM

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Referrer details

Name of referrer:	**Referring User**	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 English...**		
Accessibility Needs:	☐ Wheelchair access ☐ Deaf **Single Code Entry: Partial deafness...** ☐ Registered Blind **Single Code Entry: Registered blind** ☐ Learning Disability, **Single Code Entry: On learning disability register Single Code Entry: Moderate learning disability...** ☐ Other disability needing consideration ☐ Accompanied by Carer		
Risks:	☐ 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:		

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 control & click here to open direct email. (NB: NOT TO BE USED FOR REFERRING A PATIENT)

2WW Suspected Cancer in Adults Urgent and Non-Urgent BREAST Referral EMIS Web SNOMED CBC / CDRC February 2023

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** ☐