

Date of referral: **Short date letter merged**

Name	<b>Full Name</b>	DOB	<b>Date of Birth</b>	NHS No	<b>NHS Number</b>
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**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](#)

<b>NICE Guidance</b>	Refer <b>immediately by telephone (discuss with Haematologist)</b> patients –	
	<ul style="list-style-type: none"> <li>• With a blood count/film reported as acute leukaemia</li> <li>• With spinal cord compression or renal failure due to myeloma</li> </ul>	
	Refer <b>urgently to be seen within 2 weeks</b> 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)

<b>Presenting Signs and Symptoms</b>	<b>Symptoms:</b>	<b>Clinical Examination:</b>
	<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

<b>Performance Status</b>	<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"/>	<b>Standard</b>	No co-morbidities
<input type="checkbox"/>	<b>Vulnerable</b>	Co-morbidities/frailty
<input type="checkbox"/>	<b>Shielded</b>	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
<b>Myeloma Screen</b>		
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

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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
<b>Referring Organisation</b> <b>Organisation Name Organisation Full Address (single line)</b> Tel: <b>Organisation Telephone Number</b> Email: <b>Organisation E-mail Address</b> Fax: <b>Organisation Fax Number</b>		<b>GP details</b> <b>Usual GP Full Name</b> <b>Usual GP Organisation Name, Usual GP Full Address (single line)</b> Tel: <b>Usual GP Phone Number</b> Fax: <b>Usual GP Fax Number</b>
Name of GP to address correspondence to, if different to accountable GP		<input type="text"/>

**Patient details**

Name	<b>Full Name</b>	Address:	<b>Home Full Address (stacked)</b>
Gender	<b>Gender(full)</b>		
DOB & Age	<b>Date of Birth Age: Age</b>		
NHS Number	<b>NHS Number</b>		
Patient Contacts	Home: <b>Patient Home Telephone</b>	Mobile:	<b>Patient Mobile Telephone</b>
	Work: <b>Patient Work Telephone</b>	Email:	<b>Patient E-mail Address</b>
<b>Carer/Advocate:</b> 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	<b>NB: Not all services use Texts or Emails as a method of communication.</b>	
Ethnicity:	<b>Ethnic Origin</b>		
Interpreter:	<input type="checkbox"/> <b>Yes</b> Language: <b>Single Code Entry: Main spoken language</b> <input type="text"/>		
Accessibility Needs:	<input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf <b>Single Code Entry: Deafness</b> <input type="checkbox"/> Registered Blind <b>Single Code Entry: Registered blind</b> <input type="checkbox"/> Learning Disability, <b>Single Code Entry: On learning disability register</b> <b>Single Code Entry:</b> <input checked="" type="checkbox"/> <b>Specific developmental disorders of scholastic skills</b> <input type="checkbox"/> Other disability needing consideration <input type="text"/> <input type="checkbox"/> Accompanied by Carer		
Risks:	<input type="checkbox"/> Vulnerable Adult ( <b>detail below of any recordings in last 3 years</b> ) <b>Single Code Entry:</b> <b>Vulnerable adult</b> <b>Single Code Entry: Adult no longer vulnerable</b> <b>Single Code Entry: Failed or difficult intubation</b> Any other known risks: <input type="text"/>		
Other: <b>Single Code Entry: Military veteran</b> <b>Single Code Entry: Left military service</b> <b>Single Code Entry: History relating to military service</b> <b>Single Code Entry: Occupation history</b> <b>Single Code Entry: Has a carer</b> <b>Single Code Entry: Is no longer a carer</b> <b>Single Code Entry: Is a carer</b> <b>Single Code Entry: Carer</b>			

**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: / / 1<sup>st</sup> seen: / /Specify reason if not seen on 1<sup>st</sup> appointment:

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**Diagnosis:** Malignant  Benign