

**Suspected Cancer in Adults
THYROID (Fast track)**

Date of referral

Name:		DOB:		NHS No	
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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 Fast track patient information leaflet

Hyperlinks to: [NICE GUIDANCE](#) [Patient info leaflet including easy read](#)

Guidance	Conditions that require urgent referral to a Thyroid or ENT Fast track Slot	
	SYMPTOMS: Please tick at least one box for urgent referral	
	UNEXPLAINED thyroid swellings associated with any of the following:	
	<input type="checkbox"/>	Any solitary thyroid nodule
	<input type="checkbox"/>	Rapid increase in size or a goitre or thyroid nodule
	<input type="checkbox"/>	Unexplained hoarseness in the presence of a goitre or thyroid nodule
	<input type="checkbox"/>	Cervical lymphadenopathy in the presence of a goitre or thyroid nodule
	<input type="checkbox"/>	Patient age >65
	<input type="checkbox"/>	History of endocrine tumour
	<input type="checkbox"/>	History of neck irradiation
Patients should be euthyroid, If hyper or hypothyroid, refer directly to endocrinology		

Reason for Referral – Compulsory The clinical information is essential to safe and effective care of your patient

Blood Test Result in last TWO months – ESSENTIAL to triage patients (Incomplete information may delay appropriate care of your patient)

TFTs	<input type="checkbox"/> Requested Date: 		Latest result	
	Result within 2 months REQUIRED			
Serum TSH	Single Code Entry: Serum TSH (thyroid stimulating hormone) level	Single Code Entry: Serum TSH (thyroid stimulating hormone) level	Single Code Entry: Serum TSH (thyroid stimulating hormone) level	Single Code Entry: Serum TSH (thyroid stimulating hormone) level
Serum/plasma free	Single Code Entry:	Single Code Entry:	Single Code Entry:	Single Code Entry:

T4	Serum free T4 level	Serum free T4 level	Serum free T4 level	Serum free T4 level
Thyroid Autoantibodies	Single Code Entry: Serum thyroid peroxidase antibody concentration	Single Code Entry: Serum thyroid peroxidase antibody concentration	Single Code Entry: Serum thyroid peroxidase antibody concentration	Single Code Entry: Serum thyroid peroxidase antibody concentration

Weight Last 3: Single Code Entry: Body weight Single Code Entry: Body weight Single Code Entry: Body weight

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"/>	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

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:	<input type="text"/>	Date of referral:	<input type="text"/>
<u>Referring Organisation</u>		<u>GP details</u>	
Tel:	<input type="text"/>	Tel:	<input type="text"/>
Email:	<input type="text"/>		
Name of GP to address correspondence to, if different to accountable GP			<input type="text"/>

Patient details

Name:	<input type="text"/>	Address: <input type="text"/>			
Gender:	<input type="text"/>				
DOB & Age:	Age: <input type="text"/>				
NHS number:	<input type="text"/>				
Patient Contacts:	Home:	<input type="text"/>	Mobile:	<input type="text"/>	
	Work:	<input type="text"/>	Email:	<input type="text"/>	
	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:	<input type="text"/>				
Interpreter:	<input type="checkbox"/> Yes	Language:	<input type="text"/>		
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="text"/> <input type="checkbox"/> Accompanied by Carer				
Risks:	<input type="checkbox"/> Vulnerable Adult (Details of any recording within last 3 yrs) Other: <input type="text"/>				
Other: <input type="text"/>					

Accessible information

[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 THYROID Fast track Suspect Cancer referral form October 2023 EMIS Web SNOMED CDRC

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