

Suspected Cancer in Adults UPPER GI / HPB (Fast track)

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 Fast track patient information leaflet

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

NICE Guidance	<input type="checkbox"/> Fast track Upper GI clinic (HPB if available) Suspected Hepatic/pancreatic/Biliary Cancer, Gastric/Oesophageal Cancer
	For any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Age 40 and over with jaundice <input type="checkbox"/> Upper abdominal mass consistent with gastric/pancreatic or liver cancer <input type="checkbox"/> Abnormal CT/USS consistent with pancreatic, liver or gallbladder cancer The patient meets criteria for Fast track ENDOSCOPY but there is: <ul style="list-style-type: none"> <input type="checkbox"/> Uncertain fitness for endoscopy <input type="checkbox"/> patient preference <input type="checkbox"/> OR, does not meet this criteria but there is significant clinical concern of cancer – GP MUST give full details of concerns below
	Consider urgent (within 2 weeks) direct access CT if available in Primary care Over 60 with weight loss AND any of: diarrhoea, back pain, abdominal pain, nausea, vomiting, constipation, new onset diabetes. If urgent CT not available in primary care, please refer to Fast track suspect cancer clinic above stating reason for referral
	<input type="checkbox"/> Fast track Upper GI Endoscopy Suspected Gastric/Oesophageal Cancer
	<ul style="list-style-type: none"> <input type="checkbox"/> Dysphagia at any age <input type="checkbox"/> Age 55 and over with weight loss AND any of: Upper abdominal pain, reflux, dyspepsia, nausea/vomiting
	Consider non-urgent direct access upper GI endoscopy in people aged 55 and over with Treatment resistant Dyspepsia (persistent symptoms on full dose PPI or H2A for 8 weeks) OR Upper abdominal pain with low haemoglobin levels (CONSIDER IRON DEFICIENCY PATHWAY if available HB <13g/dl for men or <12g/dl for women AND low MCV or low ferritin) OR Raised platelet count with any single symptom of: nausea, vomiting, weight loss, reflux, dyspepsia, upper abdominal pain OR Nausea/vomiting with any reflux, dyspepsia, upper abdominal pain.
HYPERLINK TO: Upper GI Symptoms Pathway	

Reason for referral – Compulsory

The clinical information is essential to sage and effective care of your patient

Consultations

Previous endoscopy? YES NO If YES, date of test:

Recording below of endoscopy result/s in last 3 years

Single Code Entry: Endoscopy finding...

Weight: Single Code Entry: Body weight Single Code Entry: Body weight Single Code Entry: Body weight

Patient Fitness: Information essential to arrange direct to test investigation in secondary care

NB: If patient wanting sedation, they must be able to organise escort home and observation overnight

Is patient able to give informed consent? (e.g. short term memory loss): YES NO

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

Description	Y	N	Description	Y	N
Warfarin	<input type="checkbox"/>	<input type="checkbox"/>	NOAC e.g. Rivaroxaban/dabigatran/apixaban/edoxaban	<input type="checkbox"/>	<input type="checkbox"/>
Antiplatelets e.g. Clopidogrel, Prasugrel	<input type="checkbox"/>	<input type="checkbox"/>	Metformin	<input type="checkbox"/>	<input type="checkbox"/>
Insulin/Sulfonylureas	<input type="checkbox"/>	<input type="checkbox"/>	PPI/H21	<input type="checkbox"/>	<input type="checkbox"/>

Cardiac: Poorly controlled Angina/MI **within 3 months**
 Prosthetic valve replacement, previous SBE or vascular graft **within one year**

Diabetes :

History of IHD, Diabetes and CKD

NB: information below only displays the latest recording. Full list is displayed in Patient Medical History
Single Code Entry: IHD - Ischaemic heart disease

Blood tests within last month – REQUIRED

LFTs	Result within 1 month REQUIRED	Date
Bilirubin/Total Bilirubin	Single Code Entry: Serum bilirubin level...	Single Code Entry: Serum bilirubin level...
Alkaline Phosphatase	Single Code Entry: Serum alkaline phosphatase level	Single Code Entry: Serum alkaline phosphatase level
ALT	Single Code Entry: Serum alanine aminotransferase level	Single Code Entry: Serum alanine aminotransferase level
Albumin	Single Code Entry: Serum albumin level...	Single Code Entry: Serum albumin level...

FBCs	Result within 1 month REQUIRED	Date
Haemoglobin	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
MCV	Single Code Entry: MCV - Mean corpuscular volume	Single Code Entry: MCV - Mean corpuscular volume
MCH	Single Code Entry: MCH - Mean corpuscular haemoglobin	Single Code Entry: MCH - Mean corpuscular haemoglobin
Platelets	Single Code Entry: Platelet count	Single Code Entry: Platelet count
Ferritin	Single Code Entry: Serum ferritin level...	Single Code Entry: Serum ferritin level...

U&Es	Result within 1 month REQUIRED	Date
Sodium	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
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

eGFR result within 1 month REQUIRED

Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular
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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 <input type="text"/>	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		<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"/> Single Code Entry: Patient's next of kin... Contact Details: <input type="text"/> Single Code Entry: Emergency contact details...		
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 control & click here to open direct email.](#) (NB: NOT TO BE USED FOR REFERRING A PATIENT)

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