

HEAD and NECK Urgent Suspected Cancer in Adults (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	SITE of LESION: Free Text Prompt <input style="border: 1px dashed red; width: 50px; height: 20px;" type="text"/>
	ENT
	<input type="checkbox"/> Patients over 45 with persistent (not intermittent or fluctuating), unexplained hoarseness
	<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"/> 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.
Neck Lump	
<input type="checkbox"/> Persistent, unexplained lump in the neck or parotid region of recent onset (>10 days duration)	

**NOT TO BE USED FOR THE FOLLOWING: Toothache or Dental Infection
OR Delayed and Unexplained Non-Healing of a Dental Socket of less than 3 weeks**

Consider an urgent referral to head and neck for these symptoms not covered by NICE guidelines (for an appointment within 6 weeks). DO NOT USE THIS FORM

Persistent, upper dysphagia (may be triaged to Fast track if associated with pain on swallowing, and/or pain radiating to the same side ear, and weight loss – please give this information in the reason for referral)

Unexplained persistent sore throat

Unexplained unilateral nasal obstruction when associated with blood-stained discharge and /or unilateral facial swelling

Delayed and unexplained non-healing of a dental extraction socket for over 3 weeks

Consent		
<input type="checkbox"/>	No problems with consent anticipated	
<input type="checkbox"/>	There may be problems with consent. – e.g., significant dementia or learning disability	Include details in referral narrative of adjustments required or best interest decision
Disability		
<input type="checkbox"/>	No difficulty coping with investigation anticipated. No cognitive impairment/physical or behavioural issues that would make it difficult to manage the investigation	
<input type="checkbox"/>	There may be difficulties coping with investigation due to physical or mental disability	Include details in referral narrative including known adjustments.

Reason for Referral – Compulsory*

Patient Relevant Consultations:

Consultations

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:	Referring User <input type="text"/>	Date of referral:	Short date letter merged
Referring Organisation		GP details	
Organisation Name , Organisation Full Address (single line) Tel: Organisation Telephone Number Email: Organisation E-mail Address Fax: Organisation Fax Number		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"/> Contact Details: <input type="text"/> Single Code Entry: Patient's next of kin Single Code Entry: Emergency contact...				
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 email cbchealth.templates@nhs.net (NB: NOT TO BE USED FOR REFERRING A PATIENT)
 NCA HEAD and NECK Urgent Suspect Cancer Referral August 2024 EMIS Web SNOMED CDRC© (this Form has been created by CDRC. It cannot be copied or distributed by any other Organisation).

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