

Date of referral **Short date letter merged**

<b>Name:</b>	<b>Full Name</b>	<b>DOB:</b>	<b>Date of Birth</b>	<b>NHS No</b>	<b>NHS Number</b>
--------------	------------------	-------------	----------------------	---------------	-------------------

**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](#)**

**Patients who are medically stable should be referred to CNS MDT below:**

Newcastle: use eRS

South Tees Email: [stees.twoweekrule@nhs.net](mailto:stees.twoweekrule@nhs.net)

**Those who are medically unstable should be admitted to their local hospital for initial treatment and referred to the appropriate CNS team as an inpatient.**

- Patient has been informed that this is an urgent referral for suspected cancer
- The patient is available and willing to attend face to face or telephone clinic within 7 days and 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](#)

**This form is for Adults with Suspected Cancer, but not patients with metastatic spinal cord lesions**

<input type="checkbox"/>	<b>Abnormal MRI/CT suspicious of brain cancer</b> (please enclose report and where investigation was performed)
--------------------------	--

<b>NICE Guidance</b>	<b>INDICATION FOR REFERRAL</b>
	<p><b>Consider an urgent direct access MRI scan of brain</b> (or CT scan with contrast if MRI is contraindicated) to be performed within 2 weeks</p> <p>For Adults with progressive, sub-acute loss of central neurological function:</p> <ul style="list-style-type: none"> <li>• Progressive neurological deficit (e.g. unilateral weakness, hemianopia).</li> <li>• Progressive cognitive deficit or personality change (if atypical for dementia or mood disorder).</li> <li>• Adults with new onset focal seizures (with or without secondary generalisation or, <b>Urgent</b> referral to <b>NEW ONSET epilepsy clinic</b>)</li> </ul>
	<b>NOT for: isolated headache with normal examination</b>

**MRI**

If MRI suggests a brain tumour and the patient is unwell admit as emergency to your local hospital.

If the patient is stable and MRI suggests a primary tumour or single metastatic lesion, refer to Neuro-oncology MDT using this form.

**Multiple metastatic lesions on MRI**

Patient stable + known primary - URGENT referral to specialist for primary disease/discuss with specialist

Patients stable + unknown primary URGENT discussion with neurosurgery + radiology to plan further investigations

Or, refer to malignancy of unknown origin pathway, if available.

**If the MRI is normal the patient should be referred to either first seizure or neurology clinic.**

**Reason for Referral – Compulsory**

(Please include the date of symptom onset and details of symptoms including neurological deficits and what the patient knows.) The clinical information is essential to safe and effective care of your patient.

**Specific Past Medical History** (including previous or existing malignancy, name of their oncologist, disease status and if oncologist has been contacted)

**NB: The full Medical History, Medication and any known allergies can be found below**

If in doubt about the indication for referral, or, to discuss any tests that may be required in parallel to this referral, please request advice and guidance via ERS

**Treatments started and effects:** (e.g. steroids, ppi & anti-coagulants, how long, include response)

### Patient Summary

Consultations

Problems

Medication

Allergies

Description	Y	N	Description	Y	N
Warfarin	<input type="checkbox"/>	<input type="checkbox"/>	NOAC e.g.	<input type="checkbox"/>	<input type="checkbox"/>
Antiplatelet e.g. Clopidogrel, Prasugrel	<input type="checkbox"/>	<input type="checkbox"/>	Rivaroxaban/Dabigatran/Apixaban/Edoxaban	<input type="checkbox"/>	<input type="checkbox"/>
Insulin/Sulfonylureas	<input type="checkbox"/>	<input type="checkbox"/>	Metformin	<input type="checkbox"/>	<input type="checkbox"/>

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

Consent		
<input type="checkbox"/>	No problems anticipated	
<input type="checkbox"/>	There may be problems with consent. – e.g., significant dementia or learning disability clinical assessment may be needed before investigations	<b>Include details here:</b> <input type="text"/>
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	<b>Straight to test</b> investigations will be considered (expected to be able to move around and complete investigations)
<input type="checkbox"/>	There may be difficulties coping with investigation due to physical or mental disability <b>Clinic first may be offered.</b>	<b>Include details here</b> including known adjustments. <input type="text"/>

## INVESTIGATIONS & FILTERS FUNCTION TESTS (PRE-REFERRAL BLOOD TESTS)

CORE MANDATORY INVESTIGATIONS AND TESTS FOR PATIENTS WITH SERIOUS NON-SPECIFIC SYMPTOMS

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

<b>U&amp;Es</b>	<b>Result within 2 months REQUIRED</b>	<b>Date</b>
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 2 months 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
---	---	---	---

**Incomplete information may delay appropriate care for your patient  
PLEASE COMPLETE THE REST OF THIS FORM**

## Referrer details

Name of referrer:	Referring User <input type="text"/>	Date of referral:	Short date letter merged
<b>Referring Organisation</b>		<b>GP details</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>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: Single Code Entry: Patient's next of kin... <input type="text"/> Contact Details: Single Code Entry: Emergency contact... <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 English...</b> <input type="text"/>		
Accessibility Needs:	<input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf <b>Single Code Entry: Partial 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 Single Code Entry: Moderate learning disability...</b> <b>Single Code Entry: Requires reasonable adjustment for health and care access (Equality Act 2010) Single Code Entry: Impairment with substantial and long term adverse effect on normal day to day activity (Equality Act 2010)</b> <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) <b>Single Code Entry: Vulnerable adult Single Code Entry: No longer a vulnerable adult...</b> <b>Single Code Entry: Difficult intubation</b> Other: <input type="text"/>		
<b>Other:</b> 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 [contact-cdrc@healthinnovationenc.org.uk](mailto:contact-cdrc@healthinnovationenc.org.uk) (NB: NOT TO BE USED FOR REFERRING A PATIENT) NCA BRAIN and CNS Urgent Suspected Cancer in Adults December 2025 CDRC Snomed EMIS Web. **This form has been developed by CDRC (Clinical**

**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:

Diagnosis: Malignant         Benign