

**Urgent Suspected Cancer in Adults
HEAD and NECK**



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 Please request urgent CXR
	<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 clinical assessment may be needed before investigations	Include details here: <input style="border: 1px dashed red; width: 50px; height: 20px;" 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	Straight to test 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 Clinic first may be offered.	Include details here including known adjustments. <input style="width: 50px;" type="text"/>
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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

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... Single Code Entry: Impairment with substantial and long term adverse effect on normal day to day activity (Equality Act 2010) Single Code Entry: Requires reasonable adjustments for health and care access (Equality Act 2010)... <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 contact-cdrc@healthinnovationenc.org.uk (NB: NOT TO BE USED FOR REFERRING A PATIENT) NCA HEAD AND NECK Urgent Suspected Cancer Referral December 2025 Snomed EMIS Web. This form has been developed by CDRC (Clinical Digital Resource Collaborative) – CDRC partners include NENC ICB, HI NENC, CBC Health Federation Ltd, NECS, Cumbria PRIMIS Informatics, and Derwentside Health Ltd. All intellectual property rights belong to the NENC ICB, this form 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