

**Urgent Suspected Cancer in Adults**  
**COLORECTAL**

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>
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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 [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](#)

**\*\*NOTE TO REFERRER:**

Rectal examination and recent weight should be included – abnormal findings will influence the tests offered.

All referrals should have a FIT test requested and the result included with the referral with the exceptions of abdominal, rectal, or anal mass or anal ulceration. \*\*

Blood tests within 2 months of referral are required to arrange direct to test.

Failure to provide the blood test and FIT test result with the referral will trigger a request for more information from the practice and may incur delay to your patient.

[Lower GI guidance Hyperlink](#)

**Please tell your patient they may be offered direct to test colonoscopy/CT colonoscopy.**

**Please check performance status/clinical judgement**

<b>Consent</b>		
<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 style="border: 1px dashed red;" type="text"/>
<b>Disability</b>		
<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 style="border: 1px dashed red;" type="text"/>

<b>Performance Status</b>	<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

<b>Indicate here if the patient is unable or unwilling to complete a FIT test</b>	<input type="checkbox"/>
<b>Reason for missing FIT:</b> <input style="border: 1px dashed red;" type="text"/>	
FIT DECLINED: Single Code Entry: Provision of faecal immunochemical test kit declined	

<b>NCA GUIDANCE</b>	<b>Wait for FIT test result before the referral</b>	
	<b>FIT result: Single Code Entry: Quantitative faecal immunochemical test</b>	
	All Ages <input type="checkbox"/> Abdominal, rectal, anal mass/ulceration	
	<input type="checkbox"/> FIT positive include symptoms in clinical narrative	
	<input type="checkbox"/> FIT negative AND any of:	
	<input type="checkbox"/> Age >40 Unexplained weight loss <b>with</b> abdominal pain <b>(CHECK Ca125 in women)</b> <b>Use 'Serious non-specific symptoms' pathway, if no abdominal symptoms</b>	
<input type="checkbox"/> previously un-investigated Iron deficiency anaemia <a href="#">NCA Pathway Early diagnosis supporting Primary Care</a> =men and non-menstruating women only; proven low Hb (local lab values) & either low ferritin or low MCV or MCH). <b>IDA is often a chronic condition and does not require re-investigation simply because IDA recurs. Re-referral (via A&amp;G or to IDA clinic is usually necessary if Hb does not normalise with iron therapy</b>		
<input type="checkbox"/> Specific clinical concern of colorectal cancer. Include details in the reason for referral below.		
Offer qFIT to people including those with rectal bleeding: <ul style="list-style-type: none"> <li>&gt;40y with unexplained LGI symptoms</li> <li>&lt;40y if clinical suspicion of LGI cancer</li> </ul> Unexplained raised platelets >450 on 2 occasions 6 weeks apart (see hyperlink above for more guidance) For change in bowel habit consider stopping PPI/Metformin and reassess after 3 weeks before offering FIT  FIT<10mcgHb/g =CRC risk <1% if normal examination and no weight loss or IDA. Safety net in primary care refer to advice and guidance from the colorectal team for persistent or troublesome symptoms		

**If in doubt about the referral route or you have a clinical concern, please contact your preferred referral site to discuss with a member of the colorectal team.**

### Reason for Referral – Compulsory

The clinical information is essential to the safe and appropriate care of your patient

Previous colonoscopy?  YES  NO if yes, date of test

Recording of colonoscopy in last 3 years: Colonoscopy abnormal...

**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

# Urgent Suspected Cancer in Adults COLORECTAL

Consultations

Description	Y	N	Description	Y	N
Anticoagulants including NOACS	<input type="checkbox"/>	<input type="checkbox"/>	Metformin	<input type="checkbox"/>	<input type="checkbox"/>
Antiplatelet e.g. Clopidogrel, Prasugrel	<input type="checkbox"/>	<input type="checkbox"/>	Insulin/Sulfonylureas	<input type="checkbox"/>	<input type="checkbox"/>

<b>Cardiac:</b>	<input type="checkbox"/>	Poorly controlled Angina/MI <b>within 3 months</b>
	<input type="checkbox"/>	Prosthetic valve replacement, previous SBE or vascular graft <b>within one year</b>
<b>Diabetes:</b>	<input type="checkbox"/>	

## History of IHD, Diabetes and CKD

NB: Recording/s below only displays the latest recording for IHD, Diabetes, CKD – Full list is displayed in PMH

: IHD - Ischaemic heart disease...

## Blood Test Result in the last TWO months - ESSENTIAL to triage patients direct to test

LFTs	<input type="checkbox"/> Requested Date: <input type="text"/>			
	Result within 2 months <b>REQUIRED</b>		Latest Result	
Bilirubin	Single Code Entry: Serum bilirubin level...	Single Code Entry: Serum bilirubin level...	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	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	Single Code Entry: Serum alanine aminotransferase level	Single Code Entry: Serum alanine aminotransferase level
Gamma GT Level	Single Code Entry: GGT (gamma-glutamyl transferase) level	Single Code Entry: GGT (gamma-glutamyl transferase) level	Single Code Entry: GGT (gamma-glutamyl transferase) level	Single Code Entry: GGT (gamma-glutamyl transferase) level
Albumin	Single Code Entry: Serum albumin level...	Single Code Entry: Serum albumin level...	Single Code Entry: Serum albumin level...	Single Code Entry: Serum albumin level...

FBCs/ferritin	<input type="checkbox"/> Requested Date: <input type="text"/>			
	Result within 2 months <b>REQUIRED</b>		Latest Result	
Haemoglobin	Single Code Entry: Haemoglobin estimation	Single Code Entry: Haemoglobin estimation	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	Single Code Entry: Total white cell count	Single Code Entry: Total white cell count
MCV	Single Code Entry: MCV - Mean	Single Code Entry: MCV - Mean	Single Code Entry: MCV - Mean	Single Code Entry: MCV - Mean

	corpuscular volume	corpuscular volume	corpuscular volume	corpuscular volume
Platelets	Single Code Entry: Platelet count	Single Code Entry: Platelet count	Single Code Entry: Platelet count	Single Code Entry: Platelet count
Ferritin	Single Code Entry: Serum ferritin level	Single Code Entry: Serum ferritin level	Single Code Entry: Serum ferritin level	Single Code Entry: Serum ferritin level

<b>INR</b>	<input type="checkbox"/> Requested Date: <input type="text"/>			
	<b>Result within 2 months REQUIRED</b>		<b>Latest Result</b>	
INR	Single Code Entry: International normalised ratio	Single Code Entry: International normalised ratio	Single Code Entry: International normalised ratio	Single Code Entry: International normalised ratio

<b>Serum CRP</b>	<input type="checkbox"/> Requested Date: <input type="text"/>			
	<b>Result within 2 months REQUIRED</b>		<b>Latest Result</b>	
Serum CRP	Single Code Entry: Serum CRP (C reactive protein) level	Single Code Entry: Serum CRP (C reactive protein) level	Single Code Entry: Serum CRP (C reactive protein) level	Single Code Entry: Serum CRP (C reactive protein) level

<b>U&amp;Es</b>	<input type="checkbox"/> Requested Date: <input type="text"/>			
	<b>Result within 2 months REQUIRED</b>		<b>Latest Result</b>	
Sodium	Single Code Entry: Serum sodium level	Single Code Entry: Serum sodium level	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	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	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	Single Code Entry: Serum creatinine level	Single Code Entry: Serum creatinine level
HbA1c	Single Code Entry: Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised	Single Code Entry: Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised	Single Code Entry: Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised	Single Code Entry: Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised

**eGFR** result within 2 months **REQUIRED**  Requested Date:

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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**eGFR** latest result

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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**Coeliac** Latest results

tTG (IgA)	<ul style="list-style-type: none"> <li>Single Code Entry: Tissue transglutaminase IgA level</li> </ul>	Single Code Entry: Tissue transglutaminase IgA level
EMA (IgA)	<ul style="list-style-type: none"> <li>Single Code Entry: Endomysial antibody IgA level</li> </ul>	Single Code Entry: Endomysial antibody IgA level

**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:	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	
	<b>Carer/Advocate:</b> 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		<b>NB: Not all services use Texts or Emails as a method of communication.</b>		
Ethnicity:	Ethnic Origin				
Interpreter:	<input type="checkbox"/> Yes 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... 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 adjustment for health and care access (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@healthinnovationnenc.org.uk](mailto:contact-cdrc@healthinnovationnenc.org.uk) (NB: NOT TO BE USED FOR REFERRING A PATIENT) NCA LGI (colorectal) (Sunderland, South Tyne Gateshead) 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:**     /   /     **1<sup>st</sup> seen:**     /   /

**Specify reason if not seen on 1<sup>st</sup> appointment:**

**Diagnosis:**   Malignant      Benign