

Urgent Suspected Cancer in Adults THYROID

Date of referral

| | | |
|-------|------|--------|
| Name: | DOB: | NHS No |
|-------|------|--------|

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](#)

| | | |
|---|--|--|
| Guidance | Conditions that require urgent referral to a Thyroid or ENT Fast track Slot | |
| | SYMPTOMS: Please tick at least one box for urgent referral | |
| | UNEXPLAINED thyroid swellings associated with any of the following: | |
| | <input type="checkbox"/> | Any solitary thyroid nodule |
| | <input type="checkbox"/> | Rapid increase in size or a goitre or thyroid nodule |
| | <input type="checkbox"/> | Unexplained hoarseness in the presence of a goitre or thyroid nodule |
| | <input type="checkbox"/> | Cervical lymphadenopathy in the presence of a goitre or thyroid nodule |
| | <input type="checkbox"/> | Patient age >65 |
| | <input type="checkbox"/> | History of endocrine tumour |
| | <input type="checkbox"/> | History of neck irradiation |
| Patients should be euthyroid, If hyper or hypothyroid, refer directly to endocrinology | | |

Reason for Referral – Compulsory The clinical information is essential to safe and effective care of your patient

Consultations:
Consultations

| | | | |
|---------------------------|--------------------------|---|---|
| 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 | Include details here: <input style="border: 1px dashed red;" 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="border: 1px dashed red;" type="text"/> |

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

| TFTs | <input type="checkbox"/> Requested Date: <input style="border: 1px dashed red;" type="text"/> | | Latest result | |
|------------------------|---|--|--|--|
| | Result within 2 months REQUIRED | | | |
| Serum TSH | Single Code Entry: Serum TSH (thyroid stimulating hormone) level | Single Code Entry: Serum TSH (thyroid stimulating hormone) level | Single Code Entry: Serum TSH (thyroid stimulating hormone) level | Single Code Entry: Serum TSH (thyroid stimulating hormone) level |
| Serum/plasma free T4 | Single Code Entry: Serum free T4 level | Single Code Entry: Serum free T4 level | Single Code Entry: Serum free T4 level | Single Code Entry: Serum free T4 level |
| Thyroid Autoantibodies | Single Code Entry: Serum thyroid peroxidase antibody concentration | Single Code Entry: Serum thyroid peroxidase antibody concentration | Single Code Entry: Serum thyroid peroxidase antibody concentration | Single Code Entry: Serum thyroid peroxidase antibody concentration |

Weight Last 3: Single Code Entry: Body weight Single Code Entry: Body weight Single Code Entry: Body weight

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: | <input type="text"/> | Date of referral: | <input type="text"/> |
| <u>Referring Organisation</u> | | <u>GP details</u> | |
| Tel: | <input type="text"/> | Tel: | <input type="text"/> |
| Email: | <input type="text"/> | | |
| Name of GP to address correspondence to, if different to accountable GP | | | <input type="text"/> |

Patient details

| | | | | |
|------------------------------------|--|---|--|----------------------|
| Name: | <input type="text"/> | Address: <input type="text"/> | | |
| Gender: | <input type="text"/> | | | |
| DOB & Age: | Age: <input type="text"/> | | | |
| NHS number: | <input type="text"/> | | | |
| Patient Contacts: | Home: | <input type="text"/> | Mobile: | <input type="text"/> |
| | Work: | <input type="text"/> | Email: | <input type="text"/> |
| | Carer/Advocate: 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 | | NB: Not all services use Texts or Emails as a method of communication. | |
| Ethnicity: | <input type="text"/> | | | |
| Interpreter: | <input type="checkbox"/> Yes | Language: | <input type="text"/> | |
| Accessibility Needs: | <input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf <input type="checkbox"/> Registered Blind <input type="checkbox"/> 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)... <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) Other: <input type="text"/> | | | |
| Other: <input type="text"/> | | | | |

Accessible information

If you have any problem with this form or suggested changes, please email contact-cdrc@healthinnovationnenc.org.uk (NB: NOT TO BE USED FOR REFERRING A PATIENT) NCA THYROID Urgent Suspect Cancer in Adults 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