Suspected Skin Cancer – Referral Form

NHS

This form should be submitted via the Referral Support Service

Reference/Priority

Referral Date:	Priority:	NHS Number:
<Specific Referral Out Details>	2WW	<NHS number>

Patient Details

Title:	Forename(s):	Surname:
<Patient name>	<Patient name>	<Patient name>

Date of Birth:	Gender:	Ethnicity:
<Date of birth>	<Gender>	<Ethnicity>

Contact Details

Address Line 1:	Address Line 2	Address Line 3:
<Patient address>	<Patient address>	<Patient address>

Town:	County:	Postcode:
<Patient address>	<Patient address>	<Patient address>

Phone:	Mobile:	Text Message Consent:
<Patient Contact Details>	<Patient Contact Details>	No

Email:		
<Patient Contact Details>		

Referrer/Practice Details

Referring Name:	Referrer Code:	Practice Code:
<Specific Referral Out Details>	<Specific Referral Out Details>	<Organisation Details>

Referral Details

Specialty:	Clinic Type:	Named Clinician:
2WW	2WW Skin	

Patient Choice Preferences

Provider 1:	Provider 2:
<Recipient details>	

Preferences

Assistance Required:	Assistance Notes:	Confidential/Silent Referral:
No		No

Preferred Contact Time:	Interpreter Required:	Preferred Language:
	No	<Main spoken language>

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Referral Details

Non-clinical information for the booking team:

Provisional Diagnosis:

<Specific Referral Out Details>

Smoking Status Readcode:

<Diagnoses>

Referral Reason/Letter Text

<Specific Referral Out Details>

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If your patient does not meet any of the NICE defined 2WW criteria please liaise (by phone or Advice and Guidance) with a specialist or send them in as an urgent referral. Please do not annotate 2WW forms with your own criteria.

Referral Information

Please see the *Suspected Skin Cancer Guidance* for an explanation of which lesions should be referred via this service. This referral form <u>should not</u> be used for BCCs or for lesions on the following special sites: on the vermillion, anus, penis and vulva.

Patient Awareness

Confirm that your patient understands that they have been referred onto a "suspected cancer pathway":	Unknown
Confirm that your patient has received the information leaflet:	Unknown
Confirm that your patient is available to attend an appointment within 2 weeks of this referral:**	Unknown

** If, after discussion, your patient chooses to not attend within 2 weeks, when will they be available:

[ ]

Site of main lesion (tick appropriate boxes)

Suspected diagnosis – please tick		
	☐	Pigmented lesion with a weighted 7-point checklist of 3 or more
	☐	Pigmented/non-pigmented lesion that suggests nodular melanoma
	☐	Nail changes e.g. pigmented line or new pigmentation under nail
	☐	Biopsy confirmed diagnosis of melanoma (send histology report)
	☐	
NICE guidance	☐	Suspected SCC
	☐	Another form of skin cancer (but not a BCC)
NICE guidance	☐	**Weighted 7 Point Check List** for assessment of pigmented lesions Suspicion is greater if 3 or more but strong concerns about any feature should prompt referral
		Major features of the lesion (2 points each):
	☐	Change in size
	☐	Irregular shape or border
	☐	Irregular colour
		Minor features of the lesion (1 point each):

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☐	Largest diameter 7mm or more	
☐	Inflammation	
☐	Oozing or crusting of the lesion	
☐	Change in sensation (including itch)	

Photo of lesion (tick appropriate box)

For more information on medical photography please read the Medical Photography Leaflet

Photo Attached?	CCG policy on photography for dermatology referrals (link to commissioning statement when published)			
Overview	Yes	☐	No	☐
Close up image	Yes	☐	No	☐
Dermatoscopic image	Yes	☐	No	☐
For guidance on how to take a suitable photograph and the benefits of teledermatology please see the RSS website	A photo has not been included because (select from the drop-down list) Select from dropdown list *If dermatoscopic equipment broken or unavailable for other reason please still include a normal overview and close up image ** Where patients decline photography referrers should confirm here ☐ I confirm my patient declines photography even though I have explained the benefits to them (and other patients), that photographic review of lesions enables. Please complete page 5 onwards if photos are not attached			

History of lesion – Duration (tick appropriate box)

<1 month:	☐	1-3 months:	☐
3-6 months:	☐	6-12 months:	☐
>12 monthsr:	☐		

History of lesion – Growth (tick appropriate boxes)

Regressed	☐	Static:	☐	Slow	☐	Fast	☐

Additional information

Immunosuppression:	☐	Previous Skin Cancer:	☐
Details :		Details :	
Family History of Skin Cancer:	☐	More than 100 normal moles (not a reason for 2WW referral alone)	☐
Details :			

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Atypical moles (particularly if multiple) (not a reason for 2WW referral alone)	☐	History of high UV exposure e.g. tanning beds, living abroad	☐

Other relevant information, please note below:

[ ]

Have you performed a full skin survey (tick appropriate box)

Yes:	☐	No:	☐

More than one lesion?

If the patient has more than 1 lesion, please state the size, appearance, duration and growth of each subsequent lesion:

[ ]

Omit next sections if photos are attached

See next sections if photos are not attached to referral

Size of main lesion (tick appropriate box)

0-6mm:	☐	7-15mm:	☐
16-20mm:	☐	>20mm:	☐

Appearance (tick appropriate boxes)

Irregular shape:	☐	Irregular colour:	☐
Crusting/oozing:	☐	Inflammation:	☐
Scaling:	☐	Itch/change in sensation:	☐
Bleeding:	☐	Induration:	☐

Site of main lesion (tick appropriate boxes)

Please supply any additional information in the free text box provided

Abdomen: [ ]	☐	Arm: [ ]	☐
Back: [ ]	☐	Buttock: [ ]	☐
Chest: [ ]	☐	Cheek: [ ]	☐
Chin: [ ]	☐	Ear: [ ]	☐
Eye: [ ]	☐	Feet: [ ]	☐

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Forehead: ☐		Hand: ☐	
Leg: ☐		Mouth: ☐	
Neck: ☐		Nose: ☐	
Scalp: ☐			

Family History

<Family History(table)>

Active Problems

<Problems(table)>

Summary

<Summary(table)>

Significant Past

<Problems(table)>

Current Repeat Medication

<Medication(table)>

Acute Medication (last 3mths)

<Medication(table)>

Measurements

BP (last 3):
<Last 3 BP Reading(s)(table)>

Weight (last 3):
<Numerics>

Height (last 3):
<Numerics>

BMI (last 3):
<Numerics>

Oxford Knee Score (last 3):
<Numerics>

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Allergies

<Allergies & Sensitivities(table)>

Lab Results

<Pathology & Radiology Reports(table)>