Suspected Upper GI 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 Upper GI	

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.

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:

Condition Details (tick appropriate boxes)

*Patients meeting any of the criteria in this section will have a **gastroscopy** arranged by the hospital:*

Dysphagia	☐
Age ≥55 with **weight loss** and **upper abdominal pain**	☐
Age ≥55 with **weight loss** and **reflux**	☐
Age ≥55 with **weight loss** and **dyspepsia**	☐
Upper abdominal mass (suspected oesophago-gastric aetiology)	☐

Patients meeting any of the criteria in this section will have an outpatient appointment arranged by the hospital:
Attach copies of the radiology reports with this referral form

Suspected oesophago-gastric cancer found on **imaging**	☐
Suspected primary liver cancer found on **imaging**	☐
Suspected gall bladder cancer found on **imaging**	☐
Suspected pancreatic cancer found on **imaging**	☐

Patients meeting this criterion will have an outpatient appointment and an ultrasound scan arranged by the hospital

Age ≥40 with **jaundice** (otherwise well)	☐

*If patient is **unwell** and has **painful** jaundice admit to **General Surgery on Call***

*NB: If patient is Age ≥60 with **iron deficiency anaemia** (confirmed by haemoglobin and ferritin levels) please refer to Lower GI/Colorectal 2ww referral form.*

Family History

<Family History(table)>

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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>

Allergies

<Allergies & Sensitivities(table)>

Lab Results

<Pathology & Radiology Reports(table)>