

# Suspected Lung Cancer – Referral Form



This form should be submitted via the Referral Support Service

## Reference/Priority

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

Title: <Patient name>	Forename(s): <Patient name>	Surname: <Patient name>
Date of Birth: <Date of birth>	Gender: <Gender>	Ethnicity: <Ethnicity>

## Contact Details

Address Line 1: <Patient address>	Address Line 2: <Patient address>	Address Line 3: <Patient address>
Town: <Patient address>	County: <Patient address>	Postcode: <Patient address>
Phone: <Patient Contact Details>	Mobile: <Patient Contact Details>	Text Message Consent: No
Email: <Patient Contact Details>		

## Referrer/Practice Details

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

Specialty: 2WW	Clinic Type: 2WW Lung	Named Clinician: 
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## Patient Choice Preferences

Provider 1: <Recipient details>	Provider 2: 
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## Preferences

Assistance Required: No	Assistance Notes: 	Confidential/Silent Referral: No
Preferred Contact Time: 	Interpreter Required: No	Preferred Language: <Main spoken language>

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## Referral Details

Non-clinical information for the booking team:

Provisional Diagnosis:

Smoking Status Readcode:

## Referral Reason/Letter Text

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<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”:	<input type="text" value="Unknown"/>
Confirm that your patient has received the <a href="#">information leaflet</a>	<input type="text" value="Unknown"/>
Confirm that your patient is available to attend an appointment within 2 weeks of this referral:	<input type="text" value="Unknown"/>
If, after discussion, your patient chooses to not attend within 2 weeks, when will they be available: <input type="text"/>	

## Condition Details (tick appropriate boxes)

<b>Suspicious CXR result from radiology (including unexplained unilateral effusion)</b> Ensure: <ul style="list-style-type: none"><li>- Patient informed of CXR result and plan for CT</li><li>- CT appointment is given if known (will either be attached to fax from radiology or patient will be contacted by radiology when renal function known)</li><li>- Urgent blood sample (FBC, U&amp;E, LFT, calcium, clotting) arranged</li></ul>	<input type="checkbox"/>
<b>Age &gt;40 with unexplained haemoptysis</b> Arrange: <ul style="list-style-type: none"><li>- Urgent CXR – do not delay 2WW referral</li><li>- Urgent blood sample (FBC, U&amp;E, LFT, calcium, clotting)</li></ul>	<input type="checkbox"/>
<b>Strong suspicion that patient has lung cancer</b> Arrange: <ul style="list-style-type: none"><li>- Urgent CXR – do not delay 2WW referral</li><li>- Urgent blood sample (FBC, U&amp;E, calcium, LFT, clotting)</li></ul> Please provide clinical details: <input type="text"/>	<input type="checkbox"/>

## Family History

<Family History(table)>

## Active Problems

<Problems(table)>

## Summary

<Summary(table)>

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## Significant Past

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<Problems(table)>

## Current Repeat Medication

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<Medication(table)>

## Acute Medication (last 3mths)

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<Medication(table)>

## Measurements

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### 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

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<Allergies & Sensitivities(table)>

## Lab Results

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<Pathology & Radiology Reports(table)>