

Suspected Colorectal Cancer– Referral Form

For patients who need to be seen within 2 weeks

Date of Referral			
Patient Name		Referring GP	
Patient Address		GP Address	
Patient Postcode		GP Postcode	
Date of Birth		Fax No.	
NHS No.		Surgery Tel No.	
Tel No.		Hospital No.	
Mobile No.		Please check that the patient's phone numbers are correct	

- Confirm that your patient understands that they have been referred onto a "suspected cancer pathway" and may need invasive investigations
- Confirm that your patient has received the information leaflet
- Confirm that your patient is available to attend an appointment or an investigation within 2 weeks of this referral and if necessary subsequent appointments over the next few weeks**

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

NICE recommended refer fast track if

- Age ≥ 40 unexplained weight loss *and* abdominal pain
- Age ≥ 50 unexplained rectal bleeding
- Age ≥ 60 persistent change in bowel habit (looser stool, increased frequency or Constipation)
- Age ≥ 60 iron deficiency anaemia (confirmed by haemoglobin and ferritin levels)
Hb Ferritin
- Tests show occult blood in their faeces

NICE recommend consider fast track referral if

- Any age abdominal mass or rectal mass
(refer pelvic mass to gynae and upper abdo mass use upper GI fast track form)
Attach scan report if already performed
- Age ≤ 50 with unexplained rectal bleeding and
 - abdominal pain
 - change in bowel habit (looser stool, increased frequency or constipation)
 - weight loss
 - iron deficiency anaemia (confirmed by haemoglobin and ferritin levels)
Hb Ferritin
- Any age unexplained anal mass and/or anal ulceration

Referring GP's suspicion of cancer select from drop down list 1 low - 10 high

Any other additional information:

Providing the following detail helps specialists triage patients (where appropriate to specific tests before face to face appointments) and so maximise the faster identification of serious pathology. Please tick all that apply.

Has there been a change in bowel habit? Yes No

Stool Consistency Select from the drop down list

Frequency of bowel movement /day

Opening bowels more often than normal Opening bowels less often than normal

Bleeding per rectum? No Yes Type: Select from drop down list

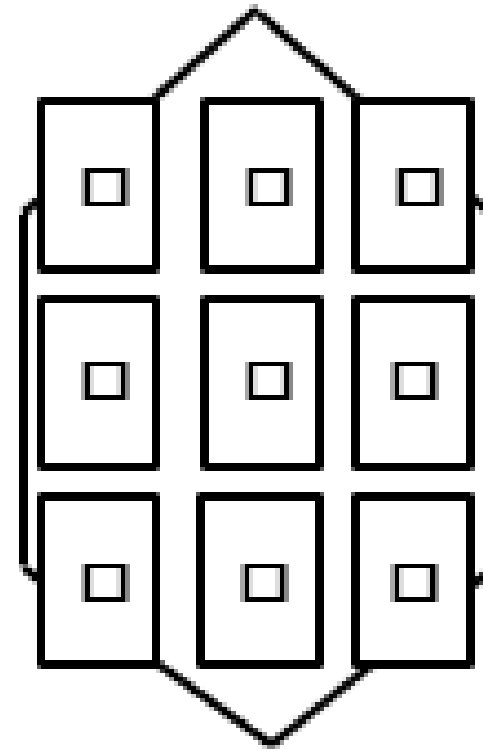
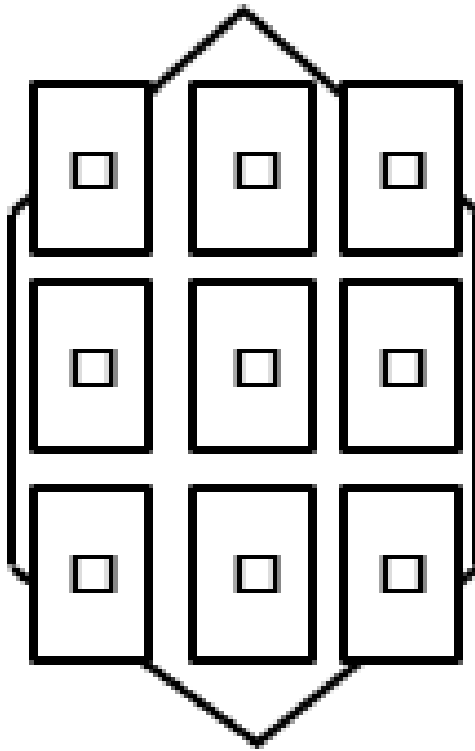
Mucus (white colourless liquid/slime) Yes No

Abdominal Pain Yes No

Colic-pain that comes and goes in waves Yes No

MASS - tick area(s) felt

TENDERNESS - tick area(s) where tender



Colicky Pain Yes No

On defecation Yes No

Tenesmus Yes No

PR Examination

Normal Yes No

Fresh Blood Yes No

Dark Blood Yes No

Mass Yes No

Pain Yes No

Other symptoms?

Nausea/Vomiting Anorexia Bloating Weight loss

BP Pulse Height Weight BMI

WHO Performance status (helps to decide fitness for specific tests)

Select from drop down list

Previous abdominal surgery:

Previous colonic investigations:



Blood Results: - these need to be fields pulled in from GP systems

Hb MCV Ferritin Creatinine GFR CRP TSH Coeliac Serology
HbA1c

No recent bloods but they have been ordered and should be on CPD



Any other additional information:



Add standard ICG fields of
Problem list
Medication list
Allergies / Sensitivities

Presentation