

Suspected Upper GI 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 Upper GI	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

<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 information leaflet	<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)

Patients meeting any of the criteria in this section will have a gastroscopy (with clinical assessment) arranged by the hospital:

- | | |
|---|--------------------------|
| Isolated Dysphagia – any age | <input type="checkbox"/> |
| Age ≥55 with weight loss and upper abdominal pain | <input type="checkbox"/> |
| Age ≥55 with weight loss and reflux | <input type="checkbox"/> |
| Age ≥55 with weight loss and dyspepsia | <input type="checkbox"/> |
| Upper abdominal mass (suspected oesophago-gastric aetiology) | <input type="checkbox"/> |

*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 | <input type="checkbox"/> |
| Suspected primary liver cancer found on imaging | <input type="checkbox"/> |
| Suspected gall bladder cancer found on imaging | <input type="checkbox"/> |
| Suspected pancreatic cancer found on imaging | <input type="checkbox"/> |

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

- | | |
|---|--------------------------|
| Age ≥40 with jaundice (otherwise well) | <input type="checkbox"/> |
|---|--------------------------|

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

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>

Allergies

<Allergies & Sensitivities(table)>

Lab Results

<Pathology & Radiology Reports(table)>