# URGENT REFERRAL FOR SUSPECTED HAEMTOLOGY CANCER

# IN ADULTS (AGED 16 AND OVER)

|  |  |
| --- | --- |
| **Patient Details** | **GP Details** |
| **Name:** |  | **Name:** |  |
| **Address:** |  |  |  |
|  |  |  |  |
|  |  | **Phone No:** |  |
| **NHS Number:** |  | **Fax No:** |  |
| **Hospital number:** |  | **Name of referrer:** |  |
| **Date of Birth:** |  | **Decision to refer date:** |  |
| **Interpreter/Sign Language required:** | ☐ Yes ☐ No | **Language:** |  |
| **Contact No (next 48 hrs):** | **Home:**  |  | **Work:**  |  | **Mobile:** |  |
| **Patient consents to be contacted by text message?:** |  [ ]  Yes [ ]  No |
| **GP Declaration – Please confirm and tick**[ ]  I have informed the patient they have symptoms which may be caused by cancer, that they are being referred urgently, and the nature of the tests likely to take place. [ ]  I have provided the patient with an Urgent Referral Patient Information Leaflet.[ ]  My patient has confirmed they are available to attend within 2 weeks. [ ]  My patient is aware that they will be offered the first available appointment at any one of our hospitals (Queen Elizabeth,  Heartlands, Solihull or Good Hope Hospital) |
| **Patients with suspected acute leukaemia should be referred to** **On Call Haematologist via hospital switchboard** |
| Patients with isolated lump in the neck should be referred via the Head & Neck Urgent Referral Proforma |
| **Lymphoma Clinic**  |
| **Tick** | **Feature** |
|  | Generalised lymphadenopathy |
|  | Hepato-splenomegaly |
| **Myeloma Clinic** |
|  | Results of protein electrophoresis suggest monoclonal paraprotein or immune paresis (reduced immunoglobulins) |
|  | Results of Bence-Jones protein urine test |
| **PATIENT MEDICAL DATA:****Comorbidities:** Click here to enter text.**Any allergies/anticoagulation’s:** Click here to enter text.**BMI:** Click here to enter text. |
| **Accessibility Needs:**☐ Wheelchair access ☐ Deaf☐ Registered blind☐ Learning Disability☐ Other disability needing consideration ☐ Accompanied by carer | **WHO Performance Status:**☐ 0 Fully active☐ 1 Able to carry out light work☐ 2 Up and about greater than 50% of waking time☐ 3 Confined to bed/chair for greater than 50%☐ 4 Confined to bed/chair 100% |
| **RISKS:**☐ Vulnerable Adult (detail below if any recording within last 3 years)☐ No Capacity to Consent Any other known risk:  |

**Please be aware that forms that contain missing data or are incorrectly completed will be returned to the Practice for correction and resubmission.**