# URGENT REFERRAL FOR SUSPECTED LUNG 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 lung 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 chest symptoms but without clinical features listed here**  **should be referred for urgent chest X-Ray to be performed within 2 weeks** | | | | | | | | | | |
| **Lung – likely to have a CT Scan** | | | | | | | | | | |
| **Tick** | **Feature** | | | | | | | | | |
|  | **Chest X-Ray findings suggest cancer or mesothelioma** | | | | | | | | | |
| **GP Investigations** | | | | | | | | | | |
| **Chest X-Ray** | **Attach chest X-Ray** | | | | | | | | | |
| **Creatinine** |  | | | | | | | | | |
| **EGFR** |  | | | | | | | | | |
| **Lung** | | | | | | | | | | |
| **Tick** | **Feature** | | | | | | | | | |
|  | **Age 40 and over with unexplained haemoptysis** | | | | | | | | | |
| **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.