

Suspected head and neck cancer 2 week wait referral

Date of decision to refer:		Date referral received at Trust:	
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Patient Details	Surname:	First Name:	Title:
	Gender:	DOB:	NHS Number:
	Ethnicity:	Language	
	Interpreter required: Y <input type="checkbox"/> N <input type="checkbox"/>	Transport required: Y <input type="checkbox"/> N <input type="checkbox"/>	
	Patient Address:		Post Code:
	Contact numbers: Home:	Mobile:	Email:
Practice Details	Usual GP Name:		
	Practice Name:		
	Practice Address:		Practice Code:
	Direct line to the practice (Bypass):		
	Main:	Fax:	Email:
	Referring Clinician:		

IMMEDIATE ADMISSION TO EMERGENCY DEPARTMENT

Symptoms of stridor

SPECIFIC 2WW REFERRAL INFORMATION

URGENT 2WW REFERRAL

Neck lump

> 3 week unexplained lump in the neck

Laryngeal cancer

3 week persistent unexplained hoarseness of voice

Pharyngeal cancer

Any of the following for more than 3 weeks

- Pain on swallowing
- Lateralising throat pain
- Throat pain that radiates to the ear
- Difficulty in swallowing/obstruction

Sino-nasal disease

> 3 week unilateral bleeding with unilateral discharge/obstruction

Oral cancer

- > 3 week unexplained mouth ulcer
- Lump on lip or in oral cavity
- Red or white patch in oral cavity consistent with erythroplakia or erythroleukoplakia

Please advise on the following (if not indicated elsewhere in your referral):

Tobacco use (please specify quantity)

- Smoking (pipe or cigarette)- please provide pack/year history
- Chewing

Alcohol consumption (please specify quantity)

Anticoagulation and/or antiplatelet medication – please state indication and medication taken:
Please provide details and the latest INR if applicable:

Patient name _____ Date of Birth _____ NHS number _____

Clinical information	Further information: <i>(Clarification and/or further information provided will help ensure patients receive the most appropriate first line management; please include the following: significant and relevant medical history, smoking status, alcohol intake, co-morbidities, current medication and allergies.</i>
	WHO Performance Status: (please check) 0 <input type="checkbox"/> Fully active 1 <input type="checkbox"/> Restricted in physically strenuous activity but ambulatory and able to carry out light work 2 <input type="checkbox"/> Ambulatory and capable of self-care, unable to carry out work activities, up and about 50% of waking hours 3 <input type="checkbox"/> Capable of only limited self-care, confined to bed/chair 50% of waking hours 4 <input type="checkbox"/> No self-care, confined to bed/chair 100%

This case has been discussed with the clinical team, please specify with whom and when:

I confirm that I have:

- discussed the possibility that the diagnosis may be cancer
- discussed the 2 week wait (2WW) process with the patient
- provided the patient with the 2WW referral leaflet
- told the patient the appointment will be within the next two weeks, and attendance is advised

Please note any dates the patient is NOT available for an appointment in the next 2 weeks.

Site-specific information:

Human Papilloma Virus driven tumours now accounts for 30% of head and neck cancers. These patients may not have a significant history of smoking and drinking and may present at an earlier age.

Fast track referral Information:

An administration team at the trust receives this referral. Based on the information you provide, some patients will go straight to diagnostics before they see a member of the clinical team. Providing information such as WHO performance and renal function will help decide if an endoscopy or further imaging could be tolerated or possible.

If your patient cannot attend in the next two weeks, please consider the timing of the referral, as the trust is obliged to offer an appointment within two weeks.

Useful websites: [e-CDS](#) [Genetics and Family History](#) [Q-Cancer](#) [RAT](#)

	Trust	Phone	FAX	Electronic
<input type="checkbox"/>	Basingstoke	01256 486798	01256 313430	No
<input type="checkbox"/>	Bournemouth	01202 704741	01202 704470	E – Referral
<input type="checkbox"/>	Chichester	01903205111 ext 84997	01903 285098	Cancer.appointments@nhs.net
<input type="checkbox"/>	Dorchester	01305 255849	01305 255646	E – Referral
<input type="checkbox"/>	Frimley	01276 526400	01276 604506	No
<input type="checkbox"/>	IoW	01983 534018	01983 552434	No
<input type="checkbox"/>	Poole	01202 442823	01202 442824	E- Referral
<input type="checkbox"/>	Portsmouth	023 9268 1700	023 9268 1701	No
<input type="checkbox"/>	Royal Surrey	No	01483 464848	No
<input type="checkbox"/>	Salisbury	01722 336262 ext 4235	No	Shc-tr.salisbury-rapidreferralcentre@nhs.net
<input type="checkbox"/>	Southampton	02381 201019	No	E- Referral
<input type="checkbox"/>	Winchester	01962 828912	01962 825226	No