

## Skin (including Melanoma, Squamous Cell Carcinoma & specific Basal Cell Carcinomas) 2ww referral form

April 2016 incorporating the 2015 NICE guidelines and with guidance from Manchester Cancer Pathway Board

PATIENT DETAILS		GP DETAILS	
<b>Name</b>	Full Name	<b>Registered GP</b>	Registered GP Full Name
<b>DOB</b>	Date of Birth	<b>Name of Referrer</b>	Referring User
<b>Address</b>	Home Full Address (stacked)	<b>Surgery</b>	Usual GP Organisation Name Usual GP Full Address (stacked)
<b>Tel No</b>	Patient Home Telephone Patient Mobile Telephone	<b>Tel</b>	Usual GP Phone Number
<b>NHS No.</b>	NHS Number	<b>Fax</b>	Usual GP Fax Number
<b>Email Address</b>	Patient E-mail Address	<b>Date</b>	Short date letter merged

### PATIENT ENGAGEMENT

Greater Manchester Hospital Trusts are continually reviewing their referral pathways to speed up diagnosis and deal with increasing demand. It is therefore likely that your patient will have investigations prior to having an appointment or during their first hospital visit. It is important that patients are aware of this and the reason for their referral.

#### THIS IS A MANDATORY FIELD

1.	Has the patient been counselled regarding this referral as per the NICE guidelines i.e. advised why they have been referred to a cancer service and offered appropriate information including where to seek additional support? If no, please explain why:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Has the patient been advised that they need to be available within the next two weeks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you ensured that the telephone contact details are correct? Landline number: Mobile number:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Is the patient fit for straight to test investigations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Is the patient capable of giving informed consent? *If No has the next of kin been asked to attend? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/> *
6.	Is the patient diabetic? *If Yes is the patient taking metformin? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

### CULTURAL, MOBILITY AND IMPAIRMENT ISSUES

1.	Does the patient require Translation or Interpretation Services? *If so, which language?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
2.	Please list any other impairments requiring specialist help:		

### REFERRAL INFORMATION

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PLEASE NOTE that the vast majority of suspected BCC should be referred routinely.

ONLY refer BCC urgently using this form if there is concern that delay in assessment may significantly affect the outcome with respect to lesion site i.e. eye lids or auditory canal, or size.

Suspected skin cancer type:

Melanoma

Squamous Cell Carcinoma

High Risk Basal Cell Carcinoma

Site of lesion:

Size:

Duration:

**Comment [MK1]:** Do you think this needs some clarification? >2cm is considered 'high risk'

### RISK FACTORS

	YES	NO
> 100 naevi		
History of familial atypical naevus syndrome		
On immunosuppression Then name , dose and indication		
Previous skin cancer : tick type		
First degree relative with melanoma		
Skin type		

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### Additional information regarding suspected Melanoma

If you strongly suspect cancer any one feature is adequate to prompt urgent referral

*Excision in primary care should be avoided*

		Score	Total
<b>Major features of pigmented lesions</b> <b>2 points each</b>	Change in size	2	Total
	Irregular shape	2	
	Irregular colour	2	
<b>Minor features of pigmented lesions</b> <b>1 points each</b>	Largest diameter 7mm or more	1	Total
	Inflammation	1	
	Oozing	1	
	Change in sensation	1	
**Lesions score >3 points refer <b>URGENTLY</b> **			TOTAL SCORE

This is a free text box to facilitate any additional information which might not be in the main clinical record with regards to why you feel this patient may have cancer. Please copy the most recent consultation if you think it might be helpful.

### PATHOLOGY

<b>Sodium</b>	Single Code Entry: Serum sodium	<b>Total Chol.</b>	Single Code Entry: Serum total cholesterol level	<b>WCC</b>	Single Code Entry: Total white cell count
<b>Potassium</b>	Single Code Entry: Serum potassium	<b>LDL Chol.</b>	Single Code Entry: Serum LDL cholesterol level	<b>Plat</b>	Single Code Entry: Platelet count
<b>Urea</b>	Single Code Entry: Serum urea level	<b>HDL Chol.</b>	Single Code Entry: Serum HDL cholesterol level	<b>MCV</b>	Single Code Entry: Mean corpuscular volume (MCV)
<b>Creatinine</b>	Single Code Entry: Serum creatinine				
<b>eGFR</b>	Single Code Entry: Glomerular filtration rate	<b>Billi</b>	Single Code Entry: Serum bilirubin level		

Hb

Haemoglobin

ALT

ALT

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DATE CREATED: 06-06-2016  
REVIEW DUE DATE: 06-06-2017

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### Blood Gluc

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### Alk Phos

Alkaline Phosphatase

### Diabetic Control

Please indicate if patient is stable and what management has been attempted:

**HbA1C**

Single Code Entry: Haemoglobin A1c level - IFCC standardised

### Thyroid Function (if applicable)

T4 / TSH Test (to ensure this is not repeated unnecessarily in secondary care)

**T4**

Single Code Entry: Serum free T4 level

**TSH**

Single Code Entry: Serum TSH level

## HEALTH PROFILE

### Weight

Weight

### BMI

BMI

### Smoking Status

Smoking

### Alcohol Consumption

Alcohol Consumption

### Last 5 BPs

Blood Pressure

## ALLERGIES

Allergies

Single Code Entry: H/O: non-drug allergy

## LONG TERM CONDITIONS

Co-Morbidities (NB 'not found' is where no diagnosis is recorded in the electronic primary care)	Single Code Entry: Asthma
	Single Code Entry: Ischaemic heart disease
	Single Code Entry: Diabetes mellitus...
	Single Code Entry: Essential hypertension
	Single Code Entry: Epilepsy
	Single Code Entry: Cerebrovascular disease
	Single Code Entry: Parkinson's disease
Single Code Entry: Senile dementia...	

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<i>record)</i>	Single Code Entry: Chronic obstructive pulmonary disease
	Single Code Entry: Chronic kidney disease stage 1 with proteinuria...
	Single Code Entry: Neoplasms
<b>Significant Past Medical History / Ongoing General Health Issues / Surgery</b> (include duration, frequency and characteristics e.g. nature and location of pain / problem and any associated symptoms)	

### CURRENT MEDICATION

Medication

<b>CONTRACEPTION FOR FEMALE PATIENTS ONLY</b> (please check medication screen for items that may not have filtered through)
Contraception manually added:

Contraception: Prescribed post-coital OCP...