# URGENT REFERRAL FOR SUSPECTED LUNG CANCER IN ADULTS (AGED 16 AND OVER)

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| --- | --- |
| **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.