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| **Patient Details:****Surname: Forename:** **DoB: Gender:** **Ethnicity:** **Address:** **Hospital Number:**  **NHS number:** **Landline number:** **Mobile number:** **Patient consents to be contacted by text on the above mobile? Y** **[ ]  N** **[ ]** **Interpreter required? Y [ ]  N [ ]** **First Language:** **Patient has capacity to consent? Y [ ]  N [ ]**  | **Registered GP Details:** **Practice code:** **Fax no:**  **Telephone:** **Email:**  |
| **Date of Decision to refer:**       |
| **Date of Referral:**  |
|  **Name of referring General Practice**  **Clinician:**  **Name of Registered GP:**  **Clinician Signature:**  |

**GP Declaration**

* They have symptoms which may be caused by cancer
* I have informed the patient:
* That they are being referred to the rapid access suspected cancer clinic
* The nature of the tests likely to take place
* I have provided the patient with a 2 week wait information leaflet



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| FIT RESULT:  |

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| **1** | ANY ADULT (16 YEARS OR OVER)PLEASE REFER FOR FIT TEST THE SAME TIME AS THE REFERRAL DO NOT WAIT FOR FIT RESULT | **Tick if present** |
| **a.** | Abdominal mass | [ ]  |
| **b.** | Unexplained rectal mass | [ ]  |
| **c.** | Anal ulceration/mass | [ ]  |

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| **2** | **FIT POSITIVE PATHWAY** **Patients MUST be aged ≥ 40 years with a positive FIT (≥10 µg Hb/g) result and have one or more of the following:** | **Tick if present****Must include the FIT value** |
| **a.** | **Rectal bleeding** 2 or more episodes in a ≥ 4 week period  | [ ] FIT result:      µg Hb/g |
| **b.** | **Change in bowel habit** Looser/more frequent stools for ≥ 6 weeks | [ ] FIT result:      µg Hb/g |
| **c.** | **Weight loss**Unexplained/Unintentional weight loss Either documented >5% loss in three months or with strong clinical suspicion  | Amount      kgDuration      ([ ]  weeks [ ] months)O/E Weight      kgO/E previous weight      kg  | [ ] FIT result:      µg Hb/g |
| **d.** | **Iron Deficiency Anaemia**in men (Hb <130g/L) or non-menstruating women (Hb <115g/L) Unexplained and un-investigated in the last 3 years | Hb     g/L MCV     fL **Ferritin**      ng/mL  | [ ] FIT result:      µg Hb/g |



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| **3** | **FIT NEGATIVE patients with Iron Deficiency Anaemia** In men or non-menstruating women aged ≥ 40 years with a negative FIT (<10 µg Hb/g)Unexplained and un-investigated in the last 3 years**Tick if present - Must include the FIT value and bloods below**  |
|  | **All criteria must be fulfilled for a referral:****(Tick below)**[ ]  **Aged 40 years or over AND** [ ]  **FIT NEGATIVE AND**[ ]  **Ferritin ≤45µg/L AND**[ ]  **ANAEMIA**  (Hb <130g/L in men or  Hb <115g/L in non-menstruating women)If meeting criteria, please ensure all the following:[ ]  **Dipstick the urine**. (If positive assess for renal cell cancer)[ ]  **Screen for Coeliac disease**.(If positive refer to gastroenterology)[ ]  **Renal function (urea, creatinine, eGFR)** (MUST be within 3 months)[ ]  **You have commenced iron treatment**(Date commenced      ) | **FIT result:**      µg Hb/g**Hb**        g/l**MCV**       fL**Ferritin**       ng/mL**TTG**       U/mL**Urea**       mmol/L**Creatinine**       µmol/L**eGFR** ml/min/1.73m^2>60 |
| **4** | **For FIT NEGATIVE patients with ongoing NG12 symptoms/signs** Please refer to the FIT negative flow chart to review your options.  |

ENSURE UP TO DATE (WITHIN 3 MONTHS) BLOOD TESTS ARE AVAILABLE ON REFERRAL

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| **ADDITIONAL HISTORY (or attach GP summary with the following details)** |
| **Last consultation:**  **Active problems:****Current medication:** **Allergies and sensitives:** **Smoking status:****Alcohol status:****Pathology results – last 6 months:**TTG (If FIT Negative)Urine Dipstick (If FIT Negative):      Including FBC, Ferritin, U&Es (within 3 months), AND Urine dipstick, TTG if FIT negative |
| **\* PLEASE COMPLETE FOR ALL REFERRALS:**  |
| \*WHO Performance status (see scale below, please tick one) 0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  |
| **WHO Performance Status Scale:** |
| **WHO Grade** | **Explanation of activity** |
| 0 | Fully active, able to carry on all pre-disease performance without restriction |
| 1 | Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work |
| 2 | Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours |
| 3 | Capable of only limited self-care, confined to bed or chair more than 50% of waking hours |
| 4 | Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair |

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| **For 2ww office use only**Page 1of **2** |
| Date referral received  | Triage date | Consultant |