

PATIENT DETAILS			
Surname:	[MERGED FIELD]	First Name:	[MERGED FIELD]
D.O.B.:	[MERGED FIELD]	Gender:	[MERGED FIELD]
Age:	[MERGED FIELD]	NHS No.:	[MERGED FIELD]
Address:	[MERGED FIELD]		
Post code:	[MERGED FIELD]		
Home Tel.:	[MERGED FIELD]	Mobile:	[MERGED FIELD]
Other Tel:		Other Tel Name:	
Interpreter required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	First Language:

GP DETAILS	
Name:	[MERGED FIELD]
Code:	[MERGED FIELD]
Address:	[MERGED FIELD]
Post code:	[MERGED FIELD]
Tel. No.:	[MERGED FIELD]
E-mail:	[MERGED FIELD]

### PATIENT ENGAGEMENT AND AVAILABILITY

**I confirm the following:**

I have discussed the possibility that the diagnosis may be cancer; I have provided the patient with an Urgent Suspected Cancer referral leaflet and advised the patient that they will need to attend an appointment within the next two weeks

GP Name:		Date of decision to refer (dd/mm/yy):	
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### REFERRAL CRITERIA

I have requested a Suspected Cancer Direct Access MRI/CT brain scan based on the criteria below

Using the Suspected Cancer Direct Access Radiology Form, consider an urgent direct access MRI scan of the brain (or CT scan if MRI is contraindicated) (to be performed within 2 weeks) to assess for brain or central nervous system cancer in adults with progressive, sub-acute loss of central neurological function<sup>1</sup>

<sup>1</sup> No definition of 'progressive sub-acute loss of central neurological function' has been provided in the NG12 2015 NICE guidance, but the 2005 NICE guidance for suspected cancer includes signs or symptoms that may cause concern, including: Progressive neurological deficit, new-onset seizures, mental changes, cranial nerve palsy

Headaches of recent onset accompanied by features suggestive of raised intracranial pressure, e.g. vomiting, drowsiness, posture-related headache, pulse-synchronous tinnitus, or other focal or non-focal neurological symptoms, such as blackout or change in personality or memory

### REFERRAL WHERE NICE NG 12 GUIDANCE IS NOT MET

**NOTE:** Whilst guidance assists the practice of healthcare professionals, they do not replace their knowledge, skills or clinical judgement. Tick the following boxes if you are unsure if a patient meets the NICE criteria

I am very concerned my patient has cancer but they do not meet the NICE NG 12 criteria

If yes, please state why you have suspicions:

### CLINICAL INFORMATION

**NOTE:** Please ensure urgent blood tests are undertaken for FBC, electrolytes and creatinine

Relevant clinical details including past history of cancer, family history and examination or imaging findings:

Anticoagulation	Yes <input type="checkbox"/>	
Cognitive Impairment (e.g. dementia/learning disability, memory loss etc.)	Yes <input type="checkbox"/>	
Is a hoist required to examine the patient?	Yes <input type="checkbox"/>	

**PATIENT'S WHO PERFORMANCE STATUS**

<input type="checkbox"/>	0	Able to carry on all normal activity without restriction
<input type="checkbox"/>	1	Restricted in physically strenuous activity but able to walk and do light work
<input type="checkbox"/>	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
<input type="checkbox"/>	3	Symptomatic and in a chair or in a bed for greater than 50% of the day but not bedridden
<input type="checkbox"/>	4	Completely disabled; cannot carry out any self-care; totally confined to bed or chair

**ADDITIONAL GP GUIDANCE**

**NOTE:** If significantly compromised by other co-morbidities or with limited life expectancy consider a discussion with the patient and carer regarding whether investigation is necessary

**PATIENT CLINICAL INFORMATION FROM MERGED GP ELECTRONIC RECORDS**

Allergies:	[MERGED FIELD]
Active Problems:	[MERGED FIELD]
Investigations:	[MERGED FIELD]
Significant past history:	[MERGED FIELD]
Current medication:	[MERGED FIELD]
Repeat medication:	[MERGED FIELD]