

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

### Lung

Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for lung cancer if they:

- have chest X-ray findings that suggest lung cancer **or**
- are aged 40 and over with unexplained haemoptysis
- have CT/MRI findings that suggest lung cancer

### Mesothelioma

Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for mesothelioma if they:

- have chest X-ray findings that suggest mesothelioma
- have CT/MRI findings that suggest mesothelioma

## GUIDANCE FOR URGENT CHEST X-RAY

Offer an urgent chest X-ray (to be performed within 2 weeks) to assess for lung cancer/mesothelioma in people **aged 40 and over** if they have:

**2 or more** of the following unexplained symptoms, **or** if they have **ever smoked** and/or have been exposed to asbestos and have **1 or more** of the following unexplained symptoms:

- Cough, fatigue, shortness of breath, chest pain, weight loss, appetite loss

Consider an urgent chest X-ray (to be performed within 2 weeks) to assess for lung cancer in people aged **40 and over** with **any** of the following:

- Persistent or recurrent chest infection, finger clubbing, supraclavicular lymphadenopathy or persistent cervical lymphadenopathy, chest signs consistent with lung cancer, thrombocytosis

Consider an urgent chest X-ray (to be performed within 2 weeks) to assess for mesothelioma in people aged 40 and over with either:

- Finger clubbing **or** chest signs compatible with pleural disease

## 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

<input type="checkbox"/>	I am very concerned my patient has cancer but they do not meet the NICE NG 12 criteria (attach any relevant reports, including incidental findings)
If yes, please state why you have suspicions:	

**CLINICAL INFORMATION**

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

Relevant clinical details including past history of cancer, family history and examination 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]