

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	
<p><b>I confirm the following:</b>            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</p>	
GP Name:	Date of decision to refer (dd/mm/yy):

REFERRAL CRITERIA
<p><b>Malignant melanoma</b></p> <p><input type="checkbox"/> Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for melanoma if they have a suspicious pigmented skin lesion with a weighted 7-point checklist score of <b>3 or more</b></p> <p><u>Weighted 7-point checklist</u>            Major features of the lesions (scoring 2 points each):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> change in size</li> <li><input type="checkbox"/> irregular shape</li> <li><input type="checkbox"/> irregular colour</li> </ul> <p>Minor features of the lesions (scoring 1 point each):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> largest diameter 7 mm or more</li> <li><input type="checkbox"/> inflammation</li> <li><input type="checkbox"/> oozing</li> <li><input type="checkbox"/> change in sensation</li> </ul> <p><input type="checkbox"/> Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) if dermoscopy suggests melanoma of the skin</p> <p><input type="checkbox"/> Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for melanoma in people with a pigmented or non-pigmented skin lesion that suggests nodular melanoma</p>
<p><b>Squamous cell carcinoma</b></p> <p><input type="checkbox"/> Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for people with a skin lesion that raises the suspicion of squamous cell carcinoma</p>
<p><b>Basal cell carcinoma</b></p> <p>Consider <b>ROUTINE</b> referral for people if they have a skin lesion that raises the suspicion of a basal cell carcinoma via e-RS</p> <p><input type="checkbox"/> Only consider a suspected cancer pathway referral (for an appointment within 2 weeks) for people with a skin lesion that raises the suspicion of a basal cell carcinoma if there is particular concern that a delay may have a significant impact, because of factors such as lesion site or size</p>

REFERRAL WHERE NICE NG 12 GUIDANCE IS NOT MET
<p><b>NOTE:</b> 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</p>

<input type="checkbox"/>	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 dermoscope report/picture is attached (if available)**

**Relevant clinical details including SITE OF LESION, 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]