

Royal Cornwall Hospitals MIS

NHS Trust

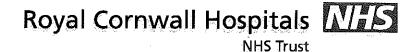
URGENT TWO WEEK WAIT REFERRAL FOR HEAD &	
NECK/THYROID CANCER	
If patient does not fulfil the criteria - please consider urgent/routine referral.	
PATIENT DETAILS	GP DETAILS
Surname	GP Name [doctor.firstname]
Forename(s)	GP Practice
DOB Age Sex	Practice Code
	GP Address 1
NHS number	GP Address 2
Address 1	GP Address 3
Address 2	Postcode
Address 3	Telephone
Postcode	Fax [doctor.fax]
Home telephone [Patient.homephone]	-
Work/mobile	
Date decisions to refer:	Translator required: Yes No No
	If yes, specify language:
Has the patient been informed that they have been referred for suspected cancer? Yes No	
ENT Unexplained persistent sore or painful throat (especially with otalgia)	
Over 50 yrs with hoarseness persisting for > 3 wks with –ve CXR who: smoke and/or	
drink heavily	
☐ Unresolving neck lump persistent for > 3wks	
\square Unexplained unilateral pain for > 4wks associated with otalgia on swallowing but normal	
otoscopy	
Unexplained, persistent (>1 month), painless s	swelling of the 🗌 Partoid or 🔲 Sub
mandibular gland	
ORAL Unexplained mass or ulceration of oral mucosa for >3wks	
☐ Undiagnosed suspicious lesion / symptom of oral cavity persisting for > 4 wks	
Unexplained red and/or white patches of oral mucosa with any of the following:	
☐ Pain ☐ Swelling	Bleeding
MALIGNANT MELANOMA - Pigmented lesion which has at least one of the following major features:	
☐ Changed in size ☐ Irregular shape ☐ Irregular colour	
What minor features does the lesion have:	
☐ > 7mm ☐ Inflammation ☐	Oozing ☐Change in sensation
THYPOID - swelling associated with any of the following: (places tick all that are h.)	
THYROID - swelling associated with any of the following: (please tick all that apply) ☐ Family history of thyroid/endocrine cancer ☐ Cervical lymphadenopathy ☐ Pre-	
pubertal	☐ Cervical lymphadenopathy ☐ Pre-
Unexplained hoarseness or voice change	☐ Age >65 yrs with a diffuse hard goitre
☐History of previous neck irradiation	☐ New increasing in size
Please attach a referral letter including relevant medical history, drug history or reports to this referral:	
The state of the s	motory, and motory or reports to time referral.

Suspected Cancer Referral Proforma April 2011 Owned By: Pat Bartholomew - Cancer Services Manager

Review Date: April 2012

Version 1.1





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IF NOT SENDING ELECTRONICALLY PLEASE FAX TO: 01872 252300

Do not send hard copy as well as fax. In case of problems telephone: 01872 252323