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| **URGENT SUSPECTED CANCER REFERRAL FORM**  **SUSPECTED CHILDREN’S CANCERS** | | | | | | | | | | | | | | |
| **Please refer to \*CMCA Urgent Suspected Cancer Pathways for Children and Young People**  As per NICE guidance referrals may be Immediate, Very Urgent (48 hours) or Urgent (2 weeks)  **Please refer to local guidance on route of referral**  **If suspicion of leukaemia - follow immediate referral guidance by telephone to on call AHCH oncologist via switchboard 0151 2284811**  For guidance on urgency of referral, consider telephone conversation with local paediatric consultant or on call oncologist, AHCH. Written guidance can be found:   * [NICE NG12 Referral guidance for suspected childhood cancers](https://www.nice.org.uk/guidance/ng12/chapter/Recommendations-organised-by-site-of-cancer#childhood-cancers) * [cclg-referral-guidance-april-2021.pdf](https://www.cclg.org.uk/sites/default/files/2025-02/cclg-referral-guidance-april-2021.pdf) * Urgent Suspected Cancer Pathways for Children and Young People, CMCA, 2025 | | | | | | | | | | | | | | |
| **PATIENT ENGAGEMENT – THIS IS A MANDATORY FIELD** | | | | | | | | | | | | | | |
| Has the patient, parent or guardian been counselled they are being referred to a suspected cancer service and the reason for referral?  [NICE ng12 guidance/ patient support](https://www.nice.org.uk/guidance/ng12/chapter/Recommendations-on-patient-support-safety-netting-and-the-diagnostic-process#patient-information-and-support)  Single Code Entry: Informed of reason for referral... | | | | | | | | | | | | | | Yes  No |
| Has the patient, parent or guardian been given relevant written information about this referral?  Single Code Entry: Provision of written information about 2 week wait referral | | | | | | | | | | | | | | Yes  No |
| Is the patient available within the next 48 hrs /14 days? \*  If selected no, please explain why? | | | | | | | | | | | | | | Yes  No |
| Have you checked all contact details are correct and informed that the initial appointment may be by telephone? | | | | | | | | | | | | | | Yes  No |
| **REFERRER DETAILS** | | | | | | | | | | | | | | |
| Referring GP | Free Text Prompt | | | | | | | | GP Code | | | Usual GP Organisation National Practice Code | | |
| Usual GP | Usual GP Title Usual GP Forenames Usual GP Surname | | | | | | | | | | | | | |
| GP Address | Usual GP Full Address (single line) | | | | | | | | | | | | | |
| GP Tel. No. | Usual GP Phone Number | | | | | | | | | | | | | |
| GP secure email | Organisation E-mail Address | | | | | | | | | | | | | |
| Date seen by GP | Long date letter merged | | | | Decision to refer date | | | | | | | Long date letter merged | | |
| **PATIENT DETAILS** | | | | | | | | | | | | | | |
| Title & Surname | Title Surname | | | | | | | Forename(s) | | | Given Name | | | |
| Date of Birth | Date of Birth | Age | | | | | Age | | | Gender | | | Gender(full) | |
| Address | Home Full Address (single line) | | | | | | | | | | | | | |
| Home Tel No. | Patient Home Telephone | | Work Tel No. | | | | | | | Patient Work Telephone | | | | |
| Mobile Tel No. | Patient Mobile Telephone | | | | | Patient email | | | | Patient E-mail Address | | | | |
| Parent / Guardian | Name  Contact Telephone  Relationship | | | | | | | Single Code Entry: Patient's next of kin  Free Text Prompt  Free Text Prompt | | | | | | |
| **REFERRAL INFORMATION** | | | | | | | | | | | | | | |
| **Main reason for referral (**please explain why you think this child may have cancer )  Free Text Prompt | | | | | | | | | | | | | | |
| **Please refer to Urgent Suspected Cancer Pathways for Children and Young People for fuller details** | | | | | | | | | | | | | | |
| Please Indicate with X type of Cancer suspected | | | | | | | | Please add additional information of symptoms and/or signs | | | | | | |
| **Abdominal Tumour**  Palpable abdominal mass or abdominal distension - Very urgent | | | |  | | | |  | | | | | | |
| **Leukaemia-**  Pallor, fatigue, bruising, petechiae, hepatosplenomegaly - Immediate | | | |  | | | |  | | | | | | |
| **Lymphoma**  Enlarged lymph nodes fitting the criteria for referral - Urgent | | | |  | | | |  | | | | | | |
| **Bone Tumour**  Chronic pain, palpable mass - Urgent | | | |  | | | |  | | | | | | |
| **Soft Tissue Sarcoma**  Soft tissue mass lesion - Urgent | | | |  | | | |  | | | | | | |
| **Retinoblastoma**  Absent red reflex - Urgent | | | |  | | | |  | | | | | | |
| **Brain or spinal tumour**  Symptoms of raised intracranial pressure, new squint - Immediate | | | |  | | | |  | | | | | | |
| **Skin Cancer**  Urgent | | | |  | | | |  | | | | | | |
| **Breast**  Meeting criteria for urgent suspected cancer referral - Urgent | | | |  | | | |  | | | | | | |
| **Thyroid**  Urgent | | | |  | | | |  | | | | | | |
| **Not sure / Other** (please state) | | | |  | | | |  | | | | | | |
| **Symptoms** | | | |  | | | | **Detail of symptoms/Length of time** | | | | | | |
| Fatigue/malaise/lethargy | | | |  | | | | Single Code Entry: Fatigue... | | | | | | |
| Unexplained Bone pain | | | |  | | | | Single Code Entry: Bone pain... | | | | | | |
| Headache | | | |  | | | | Single Code Entry: Headache | | | | | | |
| Vomiting/seizures | | | |  | | | | Single Code Entry: Vomiting... | | | | | | |
| Behavioural change | | | |  | | | | Single Code Entry: Normal behaviour... | | | | | | |
| Deterioration in school performance | | | |  | | | | Single Code Entry: Deterioration in school performance | | | | | | |
| Unexplained visible haematuria | | | |  | | | | Single Code Entry: Frank haematuria... | | | | | | |
| Ophthalmologic – absent red reflex | | | |  | | | | Single Code Entry: Red reflex... | | | | | | |
| Weight loss | | | |  | | | | Single Code Entry: Abnormal weight loss... | | | | | | |
| Fever | | | |  | | | | Single Code Entry: Fever | | | | | | |
| Night sweats | | | |  | | | | Single Code Entry: Night sweats | | | | | | |
| Persistent Infection | | | |  | | | | Single Code Entry: Persistent infection | | | | | | |
| Unexplained bruising | | | |  | | | | Single Code Entry: Bruising symptom | | | | | | |
| Unexplained bleeding | | | |  | | | |  | | | | | | |
| Newly abnormal cerebellar or other neurological function | | | |  | | | | Single Code Entry: Neurological symptom changes... | | | | | | |
| Shortness of breath | | | |  | | | | Single Code Entry: Dyspnoea | | | | | | |
| Pruritus | | | |  | | | | Single Code Entry: Pruritus | | | | | | |
| Unexplained bone swelling | | | |  | | | | Single Code Entry: O/E - bone abnormality | | | | | | |
| Other symptoms | | | |  | | | |  | | | | | | |
| **Examination** | | | | | | | | **Details** | | | | | | |
| Lymphadenopathy | | | |  | | | | Single Code Entry: Lymphadenopathy | | | | | | |
| Soft tissue mass | | | |  | | | | Single Code Entry: O/E - soft tissue swelling | | | | | | |
| Fever | | | |  | | | | Single Code Entry: Tympanic temperature | | | | | | |
| Abdominal Mass | | | |  | | | | Single Code Entry: Abdominal mass | | | | | | |
| Hepatomegaly | | | |  | | | | Single Code Entry: Hepatomegaly | | | | | | |
| Splenomegaly | | | |  | | | | Single Code Entry: Splenomegaly | | | | | | |
| Pallor/signs of anaemia | | | |  | | | | Single Code Entry: O/E - colour pale... | | | | | | |
| Neurological signs | | | |  | | | |  | | | | | | |
| Bruising | | | |  | | | | Single Code Entry: O/E - bruising | | | | | | |
| Other Exam findings | | | |  | | | |  | | | | | | |
| **INVESTIGATIONS Bloods CXR**  Please attach if no merged information is pulled | | | | | | | | | | | | | | |
| Investigations | | | | | | | | | | | | | | |
| **CULTURAL, MOBILITY STATUS AND ASSISTANCE REQUIREMENTS** | | | | | | | | | | | | | | |
| Does the patient have any Communication, Mobility or Safeguarding needs | | | | | | | | Yes  No | | | | | | |
| **Please detail if there are any reasonable adjustments needed or additional requirements** | | | | | | | | Free Text Prompt | | | | | | |
| If the patient requires Translation or Interpretation Services **Please give details**: | | | | | | | |  | | | | | | |
| What is the patient’s preferred first language? | | | | | | | | Main Language | | | | | | |
| Ethnicity | | | | | | | | Ethnic Origin | | | | | | |
| Religion (if recorded) | | | | | | | | Religion | | | | | | |
| Temporary resident | | | | | | | | Yes  No | | | | | | |
| Overseas visitor | | | | | | | | Yes  No | | | | | | |
| **CLINICAL INFORMATION/HISTORY** | | | | | | | | | | | | | | |
| Consultations | | | | | | | | | | | | | | |
| Problems | | | | | | | | | | | | | | |
| Values and Investigations | | | | | | | | | | | | | | |
| Medication | | | | | | | | | | | | | | |
| Allergies | | | | | | | | | | | | | | |