*Worcestershire Acute Hospitals NHS Trust*

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| **URGENT REFERRAL: SUSPECTED ADULT HEAD & NECK CANCER**  **\*INDICATES MANDATORY FIELDS** |

In case of urgent clinical enquiries, please contact the **On-call Head & Neck/ENT Cancer Consultant** via Switchboard on Tel. 01905 763333 *(Worcestershire Royal Hospital)* or Tel. 01527 503030 *(Alexandra Hospital).*

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| **PATIENT DETAILS** | | | | | | | | | | |
| **Surname:** | | | | | **Forename:** | | | | **DOB:** | |
| **Address:** | | | | | **NHS Number:** | | | | **Referring GP:**  **Address:**  **Contact Tel No:**  **GP signature:** | |
| **Tel No. (1):** | | | | | **Interpreter required**  Yes No  If yes, language: | | | |
| **Tel No. (2):** | | | | |
| **Smoking status:**  Yes No Ex-Smoker | | | | |
| **BMI** | | **Weight** | | |
| \*I have informed the patient this is a suspected cancer referral | | | | | | | | | |  |
| \*I have emphasised to the patient the importance of being available over next 14 days for an urgent appointment | | | | | | | | | |  |
| \*I have given the patient the 2-week wait patient information leaflet | | | | | | | | | |  |
| **REASON FOR REFERRAL** | | | | | | | | | | |
| **RISK FACTORS FOR HEAD AND NECK CANCER** | | | | | | | | **RISK FACTORS FOR THYROID CANCER** | | |
| Previous cancer (head, neck, thyroid or mouth) | | |  | Duration/notes: | | | | Family history of thyroid cancer or endocrine tumour | |  |
| Smoking | | |  |  | | | Cig/day | Family history of endocrine tumours previous radiotherapy to neck | |  |
| Alcohol | | |  |  | | | Units/week |
| **Note:** Patients with a **new thyroid swelling/goitre** but *without a risk factor or clinical features* listed above should be referred as routine to local thyroid surgeon/clinic | | | | | | | | | | |
| **LARYNX** | | | | | | | **ORAL CAVITY (MOUTH)** | | | |
| Unexplained hoarseness for more than 3-weeks (age over 45 years) | | | | | |  | Unexplained ulceration of the oral cavity lasting more than 3-weeks | | |  |
| Unexplained persistent sore throat for more than 3-weeks | | | | | |  | Assessed by a dentist as having a lump on the lip/oral cavity consistent with oral cancer | | |  |
| Assessed by dentist/doctor as having a red or white patch in the oral cavity consistent with erythroplakia/ erythroleukoplakia | | |  |
| **LUMP IN HEAD OR NECK** | | | | | | | **THYROID** | | | |
| A persistent unexplained lump in the neck for more than 3-weeks | | | | | |  | Unexplained thyroid lump | | |  |
| **Additional history / comments (including medications, allergies, medical history and/or any recent investigations)** | | | | | | | | | | |
| The clinical details and/or referral letter should include a brief history, the functional status of the patient and a full current medications list. | | | | | | | | | | |
| **WHO Performance status (see scale below, please tick one) 0  1  2  3  4** | | | | | | | | | | |
| **WHO Grade** | **Explanation of activity** | | | | | | | | | |
| 0 | Fully active, able to carry on all pre-disease performance without restriction | | | | | | | | | |
| 1 | Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work | | | | | | | | | |
| 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 | | | | | | | | | |
| 3 | Capable of only limited self-care, confined to bed or chair more than 50% of waking hours | | | | | | | | | |
| 4 | Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair | | | | | | | | | |