**Worcestershire Acute Hospitals NHS Trust**

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| **URGENT REFERRAL: SUSPECTED HIGH RISK SKIN MALIGNANCY**  **This referral pathway is primarily for suspected skin tumours with metastatic potential which includes lesions where the referring clinician has a high index of suspicion of melanoma, squamous cell carcinoma and rare skin cancers such as merkel cell carcinoma, other adnexal skin tumours and skin lymphoma.**  **Suspected basal cell carcinoma should be referred routinely unless the lesion is encroaching on the following anatomical sites: Eyelid margin, nasal rim, vermilion border of lip and external auditory meatus.**  **The Advice and Guidance pathway is available to address other clinical enquiries**  **(response normally within 2-working days)** |

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| **PATIENT DETAILS** | | | | | | | | | | |
| **Surname:** | | | **Forename:** | | | | | **DOB:** | | |
| **Address:** | | | **Hospital Number:**  **NHS Number:** | | | | | **Referring GP:**  **Address:**  **Contact Tel No:**  **Referring GP Signature:** | | |
| **Tel No. (1):** | | | Translator 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** | | | | | | | | | | |
| **MELANOMA** | | | | | | | | | |  |
| Pigmented/ Non-pigmented lesion |  | Anatomical location  Please specify | |  | | | Documented size  Please specify | | |  |
| Growing in shape/size |  | Irregular outline | |  | | Inflammation |  | |  | |
| Change in colour |  | Mixed colour | |  | | Ulceration |  | |  | |
| **SQUAMOUS CELL CARCINOMA** | | | | | | | | | |  |
| Nodule formation |  | Anatomical Location Please specify | |  | | | Documented size  Please specify | | |  |
| Induration on palpation |  | Recent progression in size | |  | | |  | | | |
| **BASAL CELL CARCINOMA** | | | | | | | | | |  |
| \*Critical site | Eyelid margin  Nasal rim  Vermilion border of lip  External auditory meatus | | |  | **Note:**  All BCCs more than 2cm in size, or above the clavicle, or recurrent should be referred via Choose and Book as ‘Routine’. Referrals will be triaged and prioritised as clinically appropriate.  BCCs less than 2cm and below the clavical should be referred via Community Provider | | | | | |
| **OTHER SKIN LESION** | | | | | | | | | | |
| Rare skin cancer |  | | | Skin lymphoma | | |  | | | |

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| **Additional history / comments (including medications, allergies, medical history and/or any recent investigations)** | |
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| **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 |