

July 2019 v1.0

**WW Referral for Head and Neck (adult)**

Date of GP decision to refer: \_\_/\_\_/

PLEASE COMPLETE THIS FORM AND FAX TO THE RELEVANT URGENT REFERRAL TEAM WITHIN 24 HOURS

PATIENT DETAILS – <i>please provide multiple contact details</i>		GP/Clinician Details
Last name:	First name:	GP/Clinician name and initials:
Gender: M / F	DOB: / /	Ethnicity
NHS No:		Practice code:
Address:		Address:
Telephone No (Day):	Telephone No (Evening):	Telephone No:
Mobile No:		Fax No:
Contact details are accurate: Y <input type="checkbox"/> N <input type="checkbox"/>		Practice email address:
Patient agrees to telephone message being left: Y <input type="checkbox"/> N <input type="checkbox"/>		
Ambulance booking required: Y <input type="checkbox"/> N <input type="checkbox"/>		
Email:		
Language:	Interpreter: Y <input type="checkbox"/> N <input type="checkbox"/>	

Dentist Details (complete if referral is from a dentist)
Dentist name and initials:
Practice Name:
Practice Address:
Telephone No:
Fax No:
Practice email address:

**Referral Criteria**

The criteria are compliant with 2015 NICE guidelines for referring those with suspected cancer and not a substitute for your own clinical judgement or taking specialist professional advice as appropriate.

Performance Status (Adult) A WHO classification indicating a PERSON's status relating to activity/disability.

Please Tick

0	Able to carry out all normal activity without restriction	
1	Restricted in physically strenuous activity, but able to walk and do light work	
2	Able to walk and capable of all self-care, but unable to carry out any work. 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	

Urgent referrals criteria (tick category) – **ALL** referrals must be accompanied by up to date (strictly within last 28 days) U+E, FBC to allow timely onward investigation

July 2019 v1.0

**WW Referral for Head and Neck (adult)**

Date of GP decision to refer: \_\_/\_\_/\_\_

PLEASE COMPLETE THIS FORM AND FAX TO THE RELEVANT URGENT REFERRAL TEAM WITHIN 24 HOURS

**Thyroid Cancer**

2WW referral for unexplained thyroid lump

**Thyroid Cancer – risk factors (tick if applies)**

- Over 55yrs. with a neck lump   
Previous neck irradiation   
FH of endocrine tumours   
FH of thyroid tumours

**Thyroid lump – additional features (tick if applies)**

- Stridor associated with thyroid lump  (This is an Emergency – please contact Mr Wickham (H+N Consultant) on  
Tel: 07885 650949 OR the on-call ENT team at BHNFT)
- Thyroid lump rapidly enlarging over 2-4 weeks   
Unexplained hoarseness or voice change with thyroid lump   
Cervical lymphadenopathy with a thyroid lump   
New thyroid lump in those aged 55 yrs. and over

**Laryngeal Cancer**

2WW referral for patients 45 years old and over with either:

Persistent unexplained hoarseness  OR Unexplained lump in the neck

**Oral cancer**

2WW referral for patients with any of the following:

- Unexplained ulceration in oral cavity lasting for more than 3 weeks  Persistent unexplained lump in the neck   
Unexplained lump on the lip or in the oral cavity  A red or red/white persistent patch in the oral cavity

**Oral cancer – additional features (tick if applies)**

- A red or white patch on the oral mucosa +/- pain, bleeding or swelling  Ulcer or mass on oral mucosa for more than 3 weeks   
Unexplained tooth mobility for more than 3 weeks  Sensory loss – lip or tongue

**Head and Neck cancer – additional 2ww referral reasons**

- Stridor and increasing dysphagia  Increasing Dysphagia  Otagia   
Persistent swelling of submandibular or parotid gland  Persistent painful sore throat especially if unilateral   
Unilateral nasal obstruction and discharge  Unilateral nasal discharge in people aged over 50 yrs.   
Unilateral otitis media with effusion in people aged over 50 yrs.  Orbital masses

July 2019 v1.0

**WW Referral for Head and Neck (adult)**

Date of GP decision to refer: \_\_/\_\_/\_\_

PLEASE COMPLETE THIS FORM AND FAX TO THE RELEVANT URGENT REFERRAL TEAM WITHIN 24 HOURS

**Head and Neck Cancer – risk factors (tick if applies)**

- 45 yrs. or older
- Unintentional weight loss (> 3kg in 6 weeks)
- Previous surgery (Head, neck, mouth)
- Smoker  No. of cigarettes per day =
- Alcohol  No. of units per week =

**Relevant Investigations**

**History and examination findings**

Duration of presenting symptoms:

**Past Medical History**

Active problems:

Consultations:

**Current Medications**

Anticoagulants Y  N

July 2019 v1.0

**WW Referral for Head and Neck (adult)**

Date of GP decision to refer: \_\_/\_\_/\_\_

PLEASE COMPLETE THIS FORM AND FAX TO THE RELEVANT URGENT REFERRAL TEAM WITHIN 24 HOURS

Patient information and support needs	Allergies

Discussions with patient prior to referral
<p>1. Has the patient been advised that this referral is to exclude a cancer diagnosis and has a 2WW patient referral leaflet been given? <input type="checkbox"/></p> <p>2. Has the patient been given information on their actual appointment, time and place? <input type="checkbox"/></p> <p>3. Is the patient available for their appointment in the next 2 weeks and do they understand how important it is to let the Practice and Hospital know ASAP if they cannot attend? <input type="checkbox"/></p>