**URGENT REFERRAL FOR SUSPECTED SKIN CANCER**

If you wish to include an accompanying letter, please do so.

**DO NOT USE THIS FORM FOR SUSPECTED BCC**

These forms should only be used for suspected cancer and in conjunction with the NICE Referral Guidelines for Suspected Cancer 2015.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Details** | | | | | | **GP Details** | | | | |
| Name: |  | | | | | Name: | |  | | |
| Address: |  | | | | | Address: | |  | | |
| Phone No: | |  | | |
| NHS Number: |  | | | | | Fax No: | |  | | |
| Hospital Number: |  | | | | | Name of Referrer: | |  | | |
| Date of Birth: |  | | | | | Decision to refer date: | |  | | |
| Interpreter/Sign Language required: | Yes  No | | | | | Language: | |  | | |
| Contact No (next 48 hours): | Home: |  | Work: | | |  | | Mobile: |  | |
| Patient consents to receiving information via text message on their mobile. | | | | | | | | | | |
| **GP Declaration – Please confirm and tick**  I have informed the patient they have symptoms/lesions which may be caused by skin cancer, that they are being referred to the rapid access suspected cancer clinic, and the nature of the tests likely to take place.  I have informed my patient that if they are suitable for the Teledermatology pathway they will see a clinical photographer initially, following which a Consultant Dermatologist will review their images and inform them of any next steps by post or telephone.  I have provided the patient with a 2 week wait information leaflet.  My patient has confirmed they are available to attend within 2 weeks.  My patient is aware that they will be offered the first available appointment at any one of our hospitals (Queen Elizabeth,  Heartlands, Solihull or Good Hope Hospital) | | | | | | | | | | |
| **Please complete to allow UHB to identify suitability for patient to go straight to photography (Teledermatology):** | | | | | | | | | | |
| Can the lesion(s) be clearly seen and photographed? | | | | Yes  No | | | Is the lesion open or scabbed? | | | Yes  No |
| More than two suspected skin cancers? | | | | Yes  No | | | Does the lesion require redressing by a health professional? | | | Yes  No |
| Is the lesion on the patient’s genitals? | | | | Yes  No | | |
| Is the patient able to mobilise safely (with any personal walking aids) and manage their toilet needs? | | | | Yes  No | | | Does the patient require transport? | | | Yes  No |
| **Suspected Diagnosis:** (Check relevant boxes)  Use the following 7-point checklist for pigmented skin lesions:  **Melanoma:**  Location: ………………………………………….  Size of lesion: …………………………………..  **Major features: (2 points each)**  Change in size  Irregular shape  Irregular colour  **Minor feature: (1 point each)**  Largest diameter 7mm or more  Inflammation  Oozing  Change in sensation | | | | | **Squamous cell carcinoma:**  Location: …………………………………  Size of lesion: …………………………..  **Characteristics:**  Non-healing Keratinizing  Crusted with significant induration  Documented expansion over 8 weeks  New/growing cutaneous lesion  Histological diagnosis of SCC  Include histology report with referral  **Risk factors:**  Immunosuppression | | | | | |
| Comments: ……………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………….. | | | | | | | | | | |
| **Clinical Details:**  History/Examination/Investigations…………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………..  Medication ………………………………………………………………………………………………………………………………………………... | | | | | | | | | | |
| **PATIENT MEDICAL DATA:**  **Comorbidities:**  **Any allergies/anticoagulation’s:**  **BMI:** | | | | | | | | | | |
| **Accessibility Needs:**  Wheelchair access  Deaf  Registered blind  Learning Disability  Other disability needing consideration  Accompanied by carer | | | | | **WHO Performance Status:**  Fully active  1 Able to carry out light work  2 Up and about greater than 50% of waking time  3 Confined to bed/chair for greater than 50%  4 Confined to bed/chair 100% | | | | | |

**Please be aware that forms that contain missing data or are incorrectly completed will be returned to the Practice for correction and resubmission.**