

URGENT REFERRAL FOR SUSPECTED HAEMATOLOGY CANCER

If you wish to include an accompanying letter, please do so. **On completion please FAX to the number below.** (Version 2.0)

These forms should only be used for suspected cancer and in conjunction with the NICE Referral Guidelines for Suspected Cancer, June 2005

Patient Details	GP Details (inc Fax Number)												
Surname Forename D.O.B. Gender Address Postcode Telephone NHS No Hospital No Interpreter? Y / N First Language:	Fax No: <hr/> Date of Decision to Refer <hr/> Date of Referral <hr/> GP Signature												
Relevant information: (Check as appropriate) Symptoms/Signs: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Fatigue <input type="checkbox"/></td> <td style="width: 33%;">Drenching night sweats <input type="checkbox"/></td> <td style="width: 33%;">Fever <input type="checkbox"/></td> </tr> <tr> <td>Weight Loss <input type="checkbox"/></td> <td>Generalised itching <input type="checkbox"/></td> <td>Recurrent infections <input type="checkbox"/></td> </tr> <tr> <td>Bruising <input type="checkbox"/></td> <td>Breathlessness <input type="checkbox"/></td> <td>Lymphadenopathy <input type="checkbox"/></td> </tr> <tr> <td>Bone Pain <input type="checkbox"/></td> <td>Alcohol-induced pain <input type="checkbox"/></td> <td>Persistent unexplained splenomegaly <input type="checkbox"/></td> </tr> </table>		Fatigue <input type="checkbox"/>	Drenching night sweats <input type="checkbox"/>	Fever <input type="checkbox"/>	Weight Loss <input type="checkbox"/>	Generalised itching <input type="checkbox"/>	Recurrent infections <input type="checkbox"/>	Bruising <input type="checkbox"/>	Breathlessness <input type="checkbox"/>	Lymphadenopathy <input type="checkbox"/>	Bone Pain <input type="checkbox"/>	Alcohol-induced pain <input type="checkbox"/>	Persistent unexplained splenomegaly <input type="checkbox"/>
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Additional Lymphadenopathy Features: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Lymph nodes increasing in size <input type="checkbox"/></td> <td style="width: 50%;">Lymph nodes greater than two cm in size <input type="checkbox"/></td> </tr> <tr> <td>Persistence for six weeks or more <input type="checkbox"/></td> <td>Widespread nature <input type="checkbox"/></td> </tr> <tr> <td>Associated splenomegaly, night sweats or weight loss <input type="checkbox"/></td> <td></td> </tr> </table>		Lymph nodes increasing in size <input type="checkbox"/>	Lymph nodes greater than two cm in size <input type="checkbox"/>	Persistence for six weeks or more <input type="checkbox"/>	Widespread nature <input type="checkbox"/>	Associated splenomegaly, night sweats or weight loss <input type="checkbox"/>							
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Investigations: ESR _____ Blood film _____ X-ray _____ Urea & Electrolytes _____	Full Blood Count _____ Clotting screen _____ Liver/Bone profile _____ Immunoglobulin/paraprotein _____												
Clinical Details: History/Examination/Investigations..... Medication													
For Hospital Use Was the referral appropriate Yes No (if no please give reason)													
HAEMATOLOGY CLINICS WITH RAPID ACCESS FACILITIES													
Hospital Heart of England	Tel 0121 424 5000	Method of Referral Choose & Book or bhs-tr.2ww-referrals@nhs.net											

GP Declaration

I have informed the patient they have suspected haematological cancer or symptoms which may be caused by cancer and that they are being referred to the rapid access suspected cancer clinic.

I have provided the patient with a 2 week wait information leaflet.

My patient has confirmed they are available to attend within 2 weeks.

Why Have I Been Given a 'Two Week Wait' Hospital Appointment?

Thank you for choosing Heart of England NHS Foundation Trust for your Two Week Wait appointment.

Why have I been referred?

Your GP has requested an urgent appointment for you to see a specialist to investigate possible cancer or a breast symptom where cancer is not expected.

The NHS Constitution gives patients the right to be seen by a cancer specialist within two weeks, following an urgent GP referral where cancer is suspected or if you have a breast symptom where cancer is not suspected. Exceptions include personal choice to wait longer.

Will I be seen at the hospital of my choice?

To ensure you can be seen within two weeks of your GP referral you may not be offered the hospital of your first choice as, in order to assess you quickly, you may need to be seen at any one of the Heart of England Foundation Trust (HEFT) sites: Good Hope Hospital, Heartlands Hospital, Solihull Hospital or Birmingham Chest clinic. **This does not mean that you will have to continue to be seen at the same hospital site if you need further tests or treatment. You can ask to be seen elsewhere for follow up.**

What do I need to do?

Please ensure you read through the information provided on this website about your appointment, this will give you an understanding of what will happen at the appointment.

Who do I contact to rearrange my appointment?

It is important that you are seen without delay but if you have confirmed an appointment and cannot attend, please telephone 0121 424 500 to rearrange and to free up your appointment for another urgent patient referral.

What happens next?

You will be contacted by phone to arrange an appointment – this may be offered at short notice (the following day) or at any time within the next 2 weeks.

Thank you for your cooperation and we hope that all is well for you when you go for your appointment.

For more information on what will happen at your appointment please visit our website

www.heartofengland.nhs.uk/rapid-access-2-week-wait/