

## URGENT REFERRAL FOR SUSPECTED HEAD & NECK CANCER (Version 3.0)

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

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. <span style="margin-left: 100px;">Gender</span> Address  Postcode Telephone NHS No Hospital No Interpreter?    Y / N    First Language:	<div style="border: 1px solid black; height: 100px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">Date of Decision to Refer</div> <div style="border: 1px solid black; padding: 2px;">Date of Referral</div> <div style="border: 1px solid black; padding: 2px;">GP Signature</div>
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### Symptoms: (Check as appropriate)

Hoarseness > 3 weeks	<input type="checkbox"/>	Persistent, particularly unilateral discomfort in throat for >4 weeks	<input type="checkbox"/>
Stridor	<input type="checkbox"/>	Progressive mouth, throat ulceration	<input type="checkbox"/>
Swelling in parotid / submandibular gland	<input type="checkbox"/>	Persistent oral swelling/ulceration (>3 weeks)	<input type="checkbox"/>
Persistent red and white patches of the oral mucosa (painful/swollen/bleeding)	<input type="checkbox"/>	Unilateral, unexplained pain in head and neck > 4 weeks, associated with Otagia & normal otoscopy	<input type="checkbox"/>
Unexplained tooth mobility > 3 weeks	<input type="checkbox"/>		<input type="checkbox"/>

### Risk Factors:

Smoker	<input type="checkbox"/>	Previous Radiotherapy to Head and Neck	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	Unintentional weight loss >3kg in 6/52	<input type="checkbox"/>
Other :		Previous head & neck, lung or oesophageal tumour	<input type="checkbox"/>

### Clinical Examination:

Lump in neck, recent, or previously undiagnosed that has changed over a period of 3 to 6 weeks	<input type="checkbox"/>	Thyroid lump with suspicious features	<input type="checkbox"/>
Cranial nerve palsy	<input type="checkbox"/>	Oropharynx ulceration / tumour	<input type="checkbox"/>
		Orbital mass / proptosis	<input type="checkbox"/>
		Other :	

### Cancer Area Suspected:

Larynx	<input type="checkbox"/>	Pharynx	<input type="checkbox"/>
Mouth	<input type="checkbox"/>	Neck	<input type="checkbox"/>
Salivary Glands	<input type="checkbox"/>	Thyroid Gland	<input type="checkbox"/>

**Clinical Details:** History/Examination/Investigations.....

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Medication .....

### For Hospital Use

Was the referral appropriate    Yes    No    (if no please give reason)

### HEAD & NECK CLINICS WITH RAPID ACCESS FACILITIES

Hospital	Tel	Method of Referral
Heart of England	0121 424 5000	Choose & Book or <a href="mailto:bhs-tr.2ww-referrals@nhs.net">bhs-tr.2ww-referrals@nhs.net</a>

### GP Declaration

I have informed the patient they have suspected Head and Neck 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/](http://www.heartofengland.nhs.uk/rapid-access-2-week-wait/)**