**Suspected Brain Cancer Referral for Direct Access MRI**

**Uhb-tr.braincancerreferral@nhs.net**

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| --- | --- | --- |
| **Demographic data** | | |
| Patient Details | | GP details |
| Surname | |  |
| Forename | |  |
| Date of Birth | Gender M  F |  |
| Address | |  |
|  | |  |
|  | |  |
| Postcode | | Fax number |
| Telephone (day time) | |  |
| NHS No | | Date of decision to refer |
| Hospital No | | Date of referral19/11/2018 |
| Interpreter required (language) Yes | | Signature: |
|  | | Name of referrer: |
| **Communication between primary and secondary care** | | |
| If you have an NHS email that you know will be checked daily, during working hours Monday to Friday please write it below:  NHS email address: | | |
| **Clinical History and Referral Criteria** | | |
| In order to scan patients effectively clear clinical information is required. Please be aware that insufficient clinical details may result in the referral being sent back to you. | | |
| **MRI Scan:** Does your patient have any of the following? (please check the relevant boxes) | | |
| Cardiac pacemaker or implantable defibrillator  Operation n the last 6 weeks  Retained metal or device from previous injury or surgery  Severe claustrophobia or high body mass index (BMI)  How do you anticipate the will the patient get onto the scanner table?  Independently ; with minimal assistance; with assistance of two people ; will need to be hoisted  Is the patient pregnant?  Does your patient have any other requirements?  Oxygen treatment; significant cognitive or speech impairment or interpreter | | |

**Further information and guidance:**

This form can be used by any medical practitioner in primary care only

This form should be used for adult patients (aged ≥16 years) who are suspected of having brain cancer and have **not had a scan** in the last 6 weeks.

Prior to referral GPs need to ensure that the patient is aware that they are being investigated for cancer and may be re-called for further tests.

**Who should not be referred using this form?**

Patients who have had a scan which shows a suspected brain tumour need to be referred to the correct MDT or specialist service; if you don’t know what this is please submit an Advice and Guidance request to neurology at UHB and we will facilitate this.

Patients with known conditions that predispose to intracranial or spinal problems, e.g. active cancer or HIV, who develop a new headache should be discussed with the relevant team first.

Proven or suspected **acoustic neuromas** are not in this pathway. Patients with suspected acoustic neuromas (new unilateral hearing loss and/or tinnitus) should be referred to ENT at their local DGH on a routine basis.

Patients with suspected **temporal arteritis** should not be referred through this pathway. There is a separate ‘GCTA pathway’.

If your patient has had a suspected seizure they need to be referred to neurology first fit clinic.

The following are considered **emergency presentations**. These patients should be sent to the nearest Emergency Department.

* a sudden onset headache (thunderclap) [suspected sub-arachnoid haemorrhage];
* a high temperature and stiff neck [suspected meningitis]
* newly identified papilloedema [suspected space occupying lesion with critical mass effect]
* pregnant or has just given birth with new headache, seizures, focal neurological signs, or visual or cognitive impairment [suspected venous sinus thrombosis]
* sudden onset weakness, speech arrest, visual loss or ataxia [suspected stroke]

**If the scan is normal or has findings, other than a brain cancer, the patient will be referred back to you for further management if required. If the problem persists then please refer to neurology services locally or through choose and book.**

The MRI scan is being used here as a screen for brain cancer only. It will not detect other pathology such as sub-acute stroke or MS. If you suspect something other than a brain tumour then either refer to local neurology services or discuss the case with the on call neurology registrar.

The more information we have the better – please include any old records that you feel is relevant.