|  |  |  |
| --- | --- | --- |
| **Patient Details:**  **Surname: Forename:**  **DoB: Gender:**  **Ethnicity:**  **Address:**  **Hospital/NHS number:**  **Landline number:**  **Mobile number:**  **(The patient consents to be contacted by text on the above mobile? Yes No )**  **Interpreter required? Y/N First Language:** | **Registered GP Details:**  **Fax no:**  **Telephone:**  **Email:** |  |
| **Date of Decision to refer:** |
| **Date of referral:** |
| **Name of referring GP:**  **GP Signature:** |

**GP Declaration**

I have informed the patient they have symptoms which may be caused by 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 provided the patient with a 2 week wait information leaflet.



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

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|  | **Criteria (Please tick all appropriate boxes, at least one of the following 6 criteria must be completely fulfilled for a 2ww referral)** | | **Tick if Present** |
| **1.** | **Positive FIT test performed by primary care OUTSIDE OF 2WW CRITERIA VIA LOCAL SYMPTOMATIC FIT PATHWAY** | | FIT result:  ……….. |
| **2.** | **Positive FIT test AND at least ONE of the below (A to D):**  **(Enclose FIT Result with referral, failure to do so may result in referral being rejected)** | | FIT result:  ……….. |
|  | **A. Aged >50** with unexplained abdominal pain OR weight loss | |  |
|  | **B. Aged > 50** with change in bowel habit | |  |
|  | **C. Aged <60** with iron deficiency anaemia | Hb……g/dl MCV…… Ferritin……. |  |
|  | **D. Aged >60** with any unexplained anaemia | Hb……g/dl MCV……. B12……Folate….. |  |
|  |  | |  |
|  | **2WW CRITERIA (FIT NOT REQUIRED)** | |  |
| **3.** | **Aged < 50** years with rectal bleeding **AND** any of the following:  abdominal pain  change in bowel habit  weight loss  iron deficiency anaemia (Hb <120 women, <130 men)  Hb …...g/d MCV……. Ferritin…… | |  |
| **4.** | Aged > **50**  with unexplained rectal bleeding | |  |
| **5.** | Abdominal or rectal **mass** or unexplained **anal** ulceration/mass | |  |
| **6.** | Aged >**40**  with unexplained weight loss and abdominal pain | |  |
| **7.** | Unexplained Iron Deficiency Anaemia. FIT –ve Hb……g/d .MCV…….. Ferritin……. | |  |

Please be aware that all patients >80 years will be assessed in clinic prior to test.

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| **ADDITIONAL HISTORY (or attach GP summary with the following details)** | |
| Medical Hx  Medications (inc anticoagulation & antiplatelets)  Allergies  Recent investigations | |
| **\* PLEASE COMPLETE FOR ALL REFERRALS:** | |
| \*WHO Performance status (see scale below, please tick one) 0  1  2  3  4 | |
| **WHO Performance Status Scale:** | |
| **WHO Grade** | **Explanation of activity** |
| 0 | Fully active, able to carry on all pre-disease performance without restriction |
| 1 | Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work |
| 2 | Ambulatory and capable of all self-care but unable to carry out any work activities. 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 out any self-care. Totally confined to bed or chair |

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| **For 2ww office use only**  Page 1of **2** | | |
| Date referral received | Triage date | Consultant |

Please be aware that forms that contain missing data or are incorrectly completed may be returned.