**Suspected Non-Specific Symptoms Cancer Diagnostic Pathway**

**Two Week Wait Referral Form**

**Please complete ALL elements of this form**

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| **Referrer Details** | **Patient Details** | |
| Name: | Name: | DOB: |
| Address: | Address: | Gender: |
| Hospital No.: |
| NHS No.: |
| Tel No:  Direct Line: | Tel No. (1): | *Please check telephone numbers* |
| Tel No. (2): |
| Email: | Interpreter Required: Yes 🞏 No 🞏 | |
| Language:  Hearing: | Vision: |
| Decision to Refer Date: | Wheelchair Access Required: Yes 🞏 No 🞏 | |
| Learning Disability / Other cognitive impairment: | Other disability needing consideration: |

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|  | Military Service Person |  | Military Veteran |  | Member of Military Family |

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| The aim of the non-specific symptoms pathway is to swiftly investigate patients with suspected cancer symptoms which are not clearly site specific in an effort to detect more cancers at an early stage.  This pathway is open to all patients aged 18 years or older who meet the referral criteria listed below who are not suitable for other site specific 2ww pathways. |

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| **I can confirm:** | |
| All the mandatory filter tests have been reviewed and all the results are available on tQuest | Yes No |
| Patient is well enough to attend hospital investigations | Yes No |
| I confirm that the patient has had a physical examination | Yes No |
| **If any of the above answers are no, the patient is not suitable for this pathway** |  |
| Is the patient already on another 2WW pathway for the same symptoms  **If yes, the patient is not suitable for this pathway** | Yes No |

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| Does the patient have cognitive impairment which may affect their mental capacity for consent and ability to undertake a virtual consultation?  If yes please contact RIS | Yes No |

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| Is this patient already under another specialty for the reported symptoms?  *If yes please explain why the referral is being referred via the non-specific symptoms pathway* | Yes No |
| **Referral Criteria** | **Tick** |
| **New significant unexplained and unintentional weight loss of >5%**  *Please consider Coeliac screen* |  |
| Current weight and date:  Previous weight and date: |  |
| **New unexplained constitutional symptoms for 4 weeks or more:** |  |
| Loss of appetite |  |
| Nausea and /or bloating |  |
| Severe unexplained fatigue |  |
| Night Sweats  If male consider testosterone |  |
| **New unexplained abdominal pain for 4 weeks or more** |  |
| **New unexplained or progressive pain e.g. bone pain for 4 weeks or more**  *Please complete Myeloma screen, Immunoglobulins, Electrophoresis* |  |
| **Newly raised platelet count of > 400 aged 40 and above:**  **Persistently raised platelets on test performed 6 weeks apart:**  **Platelet count:** |  |
| **Referrer gut feeling of cancer diagnosis** (reasons to be clearly described below) |  |

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| **CLINICAL DETAILS** |
| **Please include history, findings from physical examination (mandatory as we are a remote service), relevant investigations and other clinical detail** |

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| **Has this patient been referred via a non-specific symptoms pathway before?** Yes No | |
| If so, date last seen. |  |
| **Reasons for re-referral** |  |

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| **Mandatory filter test results from within the past 8 weeks (3 months for CXR & FIT)**  **Please note results are required prior to referral to ensure the most suitable pathway is used.**  **All results must be included within the referral** | | |
| **List of mandatory tests with automatic extraction of results:** | | |
|  | Physical Examination |  |
|  | Urine dip |  |
|  | FIT test |  |
|  | CXR |  |
|  | FBC |  |
|  | CRP |  |
|  | U & E’s |  |
|  | LFTs |  |
|  | TFTs |  |
|  | Fasting Glucose or HbA1c |  |
|  | Bone Profile |  |
|  | PSA (Men) |  |
|  | CA125 (Women) |  |
|  | Immunoglobulins/electrophoresis |  |
| **Please also perform optional additional tests if the patient’s symptoms merit-** | | |
|  | ESR |  |
|  | Blood Film |  |
|  | Clotting |  |
|  | TTG Ab |  |
|  | HIV |  |
|  | B12/folate /Ferritin if anaemic |  |
|  | Vitamin D |  |
|  | USS |  |
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| Automatic extraction and incorporation of recent radiology or endoscopy results: | |  |
| **Other recent blood results** (automatic extraction) | |  |

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| I confirm I have explained that this pathway is to detect a possible cancer | Yes No |
| I have given the patient the two week wait referral leaflet | Yes No |
| I have checked the contact details with the patient | Yes No |
| The patient has been made aware that it is likely that they will be contacted by telephone appointment in the first instance | Yes No |
| The patient is available to attend investigations in the next 2 weeks  (*Please reconsider timing of referral if patient is unavailable to attend during next two weeks*) | Yes No |

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| **Patient summary** automatic extraction | |
| Significant past medical history: | |
| Medications: | |
| Allergies: | |
| Smoking status: | **WHO Performance Status:**  0 Fully active  1 Able to carry out light work  2 Up and about >50% of waking time  3 Confined to bed/chair > 50% of waking time  4 Confined to bed or chair 100% |
| Alcohol consumption: |
| BMI if available |

# Please send referral via eRS

If you have any queries please contact Siobán Stoner, NSS Navigator

Email: [sft.nssnavigator@nhs.net](mailto:sft.nssnavigator@nhs.net)

Please **DO NOT** send referrals to this email address they must be sent via eRS