

# Colorectal Suspected Cancer Referral Form (Form B)

East Kent Cancer e-Referrals

<p><b>Patient Details</b> Surname: _____ Address: _____ Postcode: _____ <b>Gender:</b>    <b>M</b> <input type="checkbox"/>    <b>F</b> <input type="checkbox"/> <b>Telephone</b>    Home: _____    Mobile: _____                           Other: _____ Hospital No. (if known): _____ Interpreter required? <input type="checkbox"/> Yes    <input type="checkbox"/> No    First language: _____</p>	<p><b>NHS No:</b> First name: _____  Date of Birth: ____/____/____      First language: _____</p>	<p><b>GP details</b> Name: _____ Address: _____  Post code: _____ Tel No: _____ E-mail: _____</p>
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**Criteria for fast-track referral within two weeks:**

**Any age with:**  
 Rectal or abdominal mass

**Aged 40 and over with:**  
 Unexplained weight loss and abdominal pain

**Aged under 50 with rectal bleeding AND any of the following unexplained symptoms or findings:**

- Abdominal pain
- Change in bowel habit
- Weight loss
- Iron deficiency anaemia

**Age 50 and over with:**  
 Unexplained rectal bleeding

**Aged 60 and over with any of the following:**

- iron-deficiency anaemia (attach results)
- changes in bowel habit

**Anal Cancer**

- Unexplained anal mass
- Unexplained anal ulceration

**Essential information to complete**

**Other information:**

Family history:    None     Unknown   
                          Bowel polyps     Bowel cancer

History of GI Disease: None     Unknown   
Yes: details: \_\_\_\_\_

**PR Examination (mandatory examination prior to referral)**

- A definite rectal (not pelvic) mass  Negative
- Blood on glove:     Altered blood     Bright Red

**Duration of symptoms:**

- <1 month     1-3 months     4-6 months     >6 months

**Please organise *urgently* a full blood count and creatinine in Primary care so that results are available in clinic**

Haemoglobin            g/l  
Ferritin                    ug/l  
Creat                        mmol/l  
eGFR                        mls/min

or **Blood Results Requested:** Yes  No

**CLINICAL INFORMATION**

**Other relevant clinical information (including current medication / history / details of significant family history)**  
**Please feel free to append usual referral letter and any current results**

**PLEASE REQUEST URGENT FBC, U&E, LFT and Ferritin**

**If significantly compromised by other co-morbidities or with limited life expectancy consider a discussion with the patient and carer regarding whether investigation is necessary**

Additional Clinical Information – merge/attach active problem list	Yes/No	If yes please give details
Anticoagulation		
Cognitive Impairment (e.g. dementia/learning disability, memory loss etc.)		
Is a hoist required to examine the patient?		

**Patient engagement and availability**

**I confirm the following:**

I have discussed the possibility that the diagnosis may be cancer; I have provided the patient with a 2WW referral leaflet and advised the patient that they will need to attend an appointment within the next two weeks

GP Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date of decision to refer)

To make a referral, submit via eRS. Use the telephone number only if you have a technical query		
EKHUFT	Via eRS (electronic Referral System – NHS e-Referral)	Tel: 01227 864240

**Patients WHO Performance Status**

- 0 Able to carry on all normal activity without restriction
- 1 Restricted in physically strenuous activity but able to walk and do light work
- 2 Able to walk and capable of all self-care, but unable to carry out any work. Up and about more than 50% of waking hours
- 3 Capable of only limited self-care, confined to bed or chair for more than 50% of waking hours
- 4 Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair

<b>HOSPITAL USE ONLY</b>		
Hospital Clinician Q/A	<input type="checkbox"/> Referral within guidelines	<input type="checkbox"/> Referral outside guidelines
2 Week Wait Office Q/A	Date referral received: ____/____/____	Date of appointment: ____/____/____

**Occult Blood in faeces test for suspected cancer is not currently available**

**FOB is available only for screening and the QFIT (Quantitative Faecal Immunochemical Test) for suspected cancer will be available in 2018/19 – date to be confirmed**

**GUIDANCE on National 'Straight to Test' (colonoscopy) initiative:**

Following referral, the patient will be telephoned, an assessment made on the phone and the applicable investigations initiated. The results of these will then be reviewed and the most appropriate plan made for the patient.

The service will consider the following in deciding if the patient is appropriate for "straight to test" from referral:

- Is the patient unsuitable for a telephone assessment (i.e. hard of hearing, does not speak English, learning difficulties, very frail and elderly, does not have a telephone)?
- Is the patient fit enough for bowel prep at home?
- Social situation, i.e. do they live alone or have home/local support?
- State of mobility - good/poor

<input type="checkbox"/> Referral is due to clinical concerns that do not meet current East Kent Cancer referral criteria. The <b>GP MUST</b> give full clinical details with attached letter or information in the 'other relevant clinical information' box above
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