

Referring Clinician:

Name:	Referring Clinician
Address:	Practice Address Stacked
Tel No:	Practice Main Telephone
Fax No:	
Date of Referral:	Time:

Patient's Details:

NHS No:	NHS Number
Name:	Forenames Surname
Address:	Patient Address Stacked
Tel no. (home & mobile):	
DOB:	DOB
Male / Female	
Language:	Interpreter required ()
Transport required ()	

Please use separate children's proforma for patients under 16

Dear Colleague

I would be grateful for your opinion on the patient named above who presents with clinical findings I consider suspicious of malignancy.

I **have** discussed the possibility of cancer with this patient.

Has the patient confirmed that they can be available to attend an appointment within the next two weeks? **Yes () No ()**

Patient has confirmed they will be able to undergo a CT scan of head with contrast. **Yes () No ()**

Refer urgently if your patient has any of these presentations:

①	Symptoms related to the CNS where brain tumour is suspected	
Tick if chosen	Symptom	Tick if present
	Subacute progressive focal neuro-deficit (over days or weeks)	
	New onset of seizures	
	Headaches	
	Mental changes suggestive of tumour	
	Cranial nerve palsies	
	Any suspicious symptom. Please state.	

③	Headaches of recent onset with symptoms of raised intra-cranial pressure or focal or non-focal neuro-symptoms	
Tick if chosen	Symptom	Tick if present
	Vomiting	
	Drowsiness	
	Postural-related headache	
	Headache with pulse-synchronous tinnitus	
	Blackouts	
	Change in personality or memory suggestive of tumour	

②	Rapid progression in any of the following:	
Tick if chosen	Symptom	Tick if present
	Subacute new, or progressive focal neuro-deficit (over days or weeks)	
	Unexplained, progressive cognitive impairment; behaviour disturbances or slowness suggestive of tumour	
	Personality changes confirmed by witnesses with no reasonable explanation	

④	Patients with a diagnosis of cancer who develop any of:	
Tick if chosen	Symptom	Tick if present
	Recent onset of seizures	
	New or progressive neuro-deficits	
	Persistent headache	
	New mental or cognitive changes	

Notes: other referrals

Presentation	Suggested Action
Suspected recent onset of seizures	Urgent neuro-referral
Unexplained headaches of recent onset which have been present for more than a month without features of raised intra-cranial pressure	Routine referral/ investigation as per any guidelines/direct access to diagnostics
Unilateral sensori-neural deafness	Urgent ENT referral

Contributory comments :

Clinical Information
 Is there a family history? Y () N ()
 Please provide details.

Medical History
 Active problems:
 Consultations:
 Investigations:
 (FBC, U&E, LFT, INR, TFT)

Current Medications
 Medication Table

Known Allergies
 Allergy Table

Patient information & support needs
 Please provide details.

To be completed by the Data Team	
Date of decision to refer	
Date of appointment	
Date of earliest offered appointment (if different to above)	
Specify reason if not seen at earliest offered appointment	
Periods of unavailability	
Booking number (UBRN)	

Final diagnosis: Malignant Benign