

NHS
Rotherham
Clinical Commissioning Group

Fast Track Referral - 2 Week Wait

Fax: Contact Centre - Rotherham General Hospital 01709 424138

Consultant Head & Neck Cancer Surgeons

Referring Clinician:

- Mr Alan Patterson Oral and Maxillofacial Surgery, 01709 424459
- Mr Stuart Richards ENT/Thyroid Surgery, 01709 424558

GP Name:	NHS No:	
Address:	Name:	
	Address:	
Tel No:		
Fax No:	Tel No (home & mobile):	
Date of Referral:	DOB:	
	Male/Female	
Time of referral:	Language: Interpreter required ()	
	Transport required ()	
Please use separate children's proforma for patients under 16		

Patient's Details:

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 can confirm that I have discussed the possibility with the patient that the diagnosis may be cancer ()
I confirm that I have explained the 2 week wait appointment and process to the patient ()
PLEASE HAND THE PATIENT A COPY OF THE URGENT REFERRALS PATIENT INFORMATION LEAFLET

2ww Patient Information Leaflet

Is the patient available to attend an appointment within the next 2 weeks? (Yes) (No) Permission to delay 2ww referral (Yes)

ENT: Oropharynx / Tonsil / Larynx / Sinus				
STRIDOR				
EMERGENCY – Contact ENT Consultant				
Tick		Tick		
Hoarseness > 3 weeks		Unilateral nasal obstruction + discharge (age > 50 yrs		
Progressive dysphagia + throat symptoms		Unilateral otitis media with effusion (age > 50 yrs)		
Persistent painful sore throat		Orbital masses		
Persistent and unexplained lump in the neck		Red patch / White patch / mass in the throat or tonsil		
OMFS: ORAL CAVITY				
Red patch on the oral mucosa		Unexplained tooth mobility		
White patch on the oral mucosa		Sensory loss (lip, tongue, face)		
Ulcer or mass on the oral mucosa > 3 weeks				
OMFS/ENT: SALIVARY GLAND				
Persistent swelling of parotid gland		Persistent swelling of submandibular gland		
ENT: THYROID				
STRIDOR associated with thyroid mass - EMERGENCY - Contact ENT Consultant				

Thyroid mass rapidly enlarging (over a few	Cervical lymphadenopathy with thyroid mass
weeks)	
Unexplained hoarseness or voice change with	New thyroid mass > 55 yrs
thyroid mass	

Clinical Information:				
Smoker: Cigs/Day: Alcohol: Units/week:				
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Medical History				
Active problems:				
Investigations: FBC ESR CRP U&E TFT INR (as necessary)				
Known Allergies				
Medications				
Is this patient anticoagulated? Yes () No ()				
Family History:				
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Is there a family history of disease? Yes () No () Please provide details				

CANCER REFERRAL GUIDELINES

HEAD AND NECK		
LARYNGEAL	URGENT	Consider 2ww referral in patients aged 45 and over with:
		 Persistent unexplained hoarseness or
		An unexplained lump in the neck
ORAL	URGENT	Consider 2ww referral for patients with:
		 An unexplained oral ulceration lasting for > 3 weeks or
		A persistent and unexplained lump in the neck
		Consider 2ww referral for assessment by a DENTIST in patients with
		:
		 An unexplained lump on the lip or in the oral cavity or
		A red/red and white patch in the oral cavity consistent with
		erythroplakia or erythroleukoplakia
THYROID		Consider 2ww referral in patients with
		An unexplained thyroid lump