



Patient Details:

Patient Name			
Address			
DOB		NHS No.	
Home Tel. No.		Gender	
Mobile Tel. No.		Ethnicity	
Preferred Tel. No		Email Address	
Main Spoken Language		Interpreter needed?	🗌 Yes 🗌 No
Ambulance booking required?	Yes No	Patient agrees to telephone message being left?	Yes No
Communication requirements:	Hard of hearing:	Visually impaired:	Learning/mental

Registered GP Details:

Practice Name		
Registered GP	Usual GP	
Registered GP		
Address		
Tel No.	Fax No.	
Email	Practice Code	

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.

1. I can confirm that I have discussed the possibility with the patient that the diagnosis may be cancer Yes \square No \square

2. I confirm that I have explained the 2 week wait appointment and the patient has confirmed that they can be available to attend an appointment within the next two weeks **Yes** \square **No** \square

3. I can confirm that the patient is fit for 'straight to test' endoscopy and that the patient has been informed that they may be contacted by phone and that a test may be offered anywhere within the network in order to facilitate timely investigations **Yes** \square **No** \square

PLEASE HAND THE PATIENT A COPY OF THE URGENT REFERRALS PATIENT INFORMATION LEAFLET

SYB ICS Cancer Alliance *working with Derbyshire* Upper GI 2ww form [Version 1.1 Approved at CDG 12/09/2019] [Implementation Date: October 2019 Review Date: October 2021]

WHO performance status: (please tick for ALL patients)	
0 – Able to carry out all normal activity without restriction	
1 – Restricted in physically strenuous activity but able to walk and do light work	
2 – Able to walk, capable of all self-care. Unable to carry out any work. Up & about 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.	

Guidelines for Suspected Upper GI Cancer Referral	
Ensure your patient is fit and willing to have endoscopy and understands this is a direct referral.	
Check FBC for anaemia and U&E to facilitate quick referral for CT scan. Note: H.pylori testing should not affect the decision to refer for suspected cancer	
Have a lower threshold for non-urgent UGI endoscopy in patients > 55 years with suggestive symptoms, particularly weight loss	
For symptoms not matching the criteria on this form, please follow the link to NICE cancer guidelines <u>www.nice.org</u>	

Oesophageal or Gastric Cancer:	Tick if criteria applies
Dysphagia	
Aged ≥55y with weight loss with any of;	
Upper abdominal painReflux/ Dyspepsia	

Pancreatic, Liver or Gallbladder Cancer:	Tick if criteria applies
Aged 40 and over with jaundice	

If patient > 60 years with weight loss (in the absence of jaundice) and if any of the following apply, refer for urgent CT scan or ultrasound if CT not available:

- Abdominal mass
- New onset diabetes
- Diarrhoea
- Back pain
- Abdominal pain
- Nausea/vomiting
- Constipation

Clinical Information

Clinical history and examination findings

Current medication

Antiplatelet therapy? Yes 🗌 No 🗌 If yes, please specify:

Anticoagulants? Yes 🗌 No 🗌 If yes, please specify:

Allergies

Results of any investigations already undertaken:

Awaiting the results of these investigations **should not delay referral**, especially if high clinical suspicion of malignancy

FBC INR U&E LFT Ultrasound scan