South Yorkshire and Bassetlaw Integrated Care System
CANCER ALLIANCE
Working with Derbyshire

HEAD & NECK

Fast track Referral - 2 week wait

Please refer via e-Referral Service

Please use separate children's proforma for patients under 16

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 ☐
Transport needed?		**Patient agrees to telephone message being left?**	☐ Yes ☐ No
Communication requirements	Hard of hearing: ☐ Visually impaired: ☐ Learning/mental difficulties: ☐ Dementia: ☐ Communication difficulties other: (please specify)		
Consent obtained for Imaging (Photograph sent)	Photo included ☐		
Patient has device which accepts video calling?	Yes ☐ No ☐		
Date of Decision to Refer			

Standardised by C the Signs - completed manually

Registered GP Details			
Practice Name			
Registered GP		**Usual GP / Referring GP**	
Registered GP Address			
Tel No.		**Fax No.**	
Email		**Practice Code**	

Registered Dentist Details			
Patient registered with a dentist	Yes ☐ No ☐		
Practice Name			
Registered / Usual dentist		**Referring dentist**	
Practice address			
Tel No.		**Email**	

Patient Engagement	
The patient has been informed that the reason for referral is to rule out or rule in Cancer.	☐
Supporting information (2ww leaflet) provided	☐
The patient has been informed of the likely next pathway steps and the time in which they should be contacted?	☐
The patient has confirmed that they are willing and available to be contacted and attend the hospital for appointments and tests within the required timeframes? **(and that this may include virtual or telephone consultations if appropriate)**	☐
Does the patient want a relative present at the appointment	☐ Yes ☐ No
Patient or Carer Concerns/ Support Needs at the point of referral:	

Covid status	
I can confirm the patient has been fully vaccinated	☐ Yes ☐ No

	Emergency (Contact Consultant and admit)	**Yes**	**2WW**	**Yes**	**Consider urgent referral for assessment by a General Dental Practitioner:**	**Yes**
Thyroid			Thyroid mass associated with unexplained hoarseness or voice change, cervical lymphadenopathy or rapid enlargement over a period of week	☐		
Head and Neck Cancer **ENT**	Stridor	☐	Persistent and unexplained neck lump Persistent unexplained hoarseness >45 years	☐ ☐		
Head and Neck Cancer **Maxilo-Facial Surgery**			Persistent and unexplained neck lump A lump on their lip or oral cavity Unexplained ulceration in oral cavity lasting >21d	☐ ☐ ☐	**Unexplained:** Lump on lip or oral cavity that has not been assessed by a dental surgeon Red or white patch in the oral cavity consistent with erythroplakia or Erythroleukoplakia	 ☐ ☐
If your patient does not meet NICE suspected cancer referral criteria, but you feel they warrant further investigation, please disclose full details in your referral letter.						☐

Risk factors	
Thyroid	☐ Over 55 yrs ☐ Previous neck irradiation ☐ Family history of endocrine tumours ☐ Family history of thyroid tumours
Head and neck	☐ Alcohol ☐ Smoking

Referral Letter

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SYB ICS Cancer Alliance working with Derbyshire H&N Pathway [Version 2.3]

[Implementation Date: June 2021/Review Date: June 2022]

(please include any symptoms and examination findings)
${symptomsAndExaminationFindings}

Additional clinical information	
Family history	
Smoking history	
Alcohol intake	
Latest BP	
Latest height	
Latest weight	
Latest BMI	

Consultations

Past Medical History

Family history

Current Medications

Allergies

To be completed by the Hospital 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 ☐	