South West Clinical Network
BNSSG

SUSPECTED BRAIN + CENTRAL NERVOUS SYSTEM CANCER REFERRAL FORM

<table>
<tr><td>Referrer Details</td><td colspan="2">Patient Details</td><td></td></tr>
<tr><td>Name: Free Text Prompt</td><td>Forename:
Given Name</td><td>Surname:
Surname</td><td>DOB: Date of Birth</td></tr>
<tr><td rowspan="3">Address:
Organisation Full Address (stacked)</td><td colspan="2" rowspan="3">Address:
Home Full Address (stacked)</td><td>Gender: Gender(full)</td></tr>
<tr><td>Hospital No: Hospital Number</td></tr>
<tr><td>NHS No: NHS Number</td></tr>
<tr><td rowspan="2">Tel No:
Organisation Telephone Number</td><td colspan="2">Tel No. (1): Patient Home Telephone</td><td rowspan="2">Please check telephone numbers</td></tr>
<tr><td colspan="2">Tel No. (2): Patient Mobile Telephone</td></tr>
<tr><td>Email:
Organisation E-mail Address</td><td colspan="2">Carer requirements (has dementia or learning difficulties)?
☐ Yes ☐ No</td><td>Does the patient have the capacity to consent?
☐ Yes ☐ No</td></tr>
<tr><td>Decision to Refer Date:
Short date letter merged</td><td colspan="2">Translator Required: ☐ Yes ☐ No
Language:</td><td>Mobility:</td></tr>
</table>

Referral criteria:

Only patients with the following symptoms can be referred on the 2ww:

☐ New and / or progressive neurological deficit, with or without cranial nerve palsies (please note that deafness alone cannot be defined as a neurological deficit)

☐Headaches with other features of raised intracranial pressure (ICP), such as headache worse on waking, associated with vomiting, with or without papilloedema

☐ Previous history of cancer with unresolved headaches

Clinical Details

Please provide any relevant history related to cancer along with presenting symptoms.
(Including Clinical examination (in particular neurological examination, visual fields and fundoscopy)
Please detail your conclusions and what needs to be excluded, or attach referral letter.

In addition to this requesters are asked the following questions when requesting an MRI on ICE:

- Does this patient have an aneurysm clip? If there is any bout please select 'yes' ☐ Yes ☐ No
- Does this patient have a cardiac pacemaker? ☐ Yes ☐ No
- Does this patient have a metallic foreign body in their eye? Is there a history of injury that makes this possible? ☐ Yes ☐ No
- Does this patient have any other metallic foreign body or surgical implant? ☐ Yes ☐ No
- Is there a possibility that this patient is pregnant? ☐ Yes ☐ No

If the requestor answers 'yes' to any of those questions then they are asked to provide further information or to seek advice from imaging:

Is the patient on anticoagulants and or anti-platelet agents? ☐ Yes ☐ No If 'yes' please provide details:	**Glasgow Coma Score:** (If under 15 please consider admission)
Smoking status **Smoking**	**WHO Performance Status:** ☐ **0** Fully active ☐ **1** Able to carry out light work ☐ **2** Up and about greater than 50% of waking time ☐ **3** Confined to bed/chair for greater than 50% ☐ **4** Confined to bed/chair 100%
BMI if available **BMI**	
Mobility:	

Please confirm that the patient has been made aware that this is a suspected cancer referral: ☐Yes ☐No

Please confirm that the patient has received the two week wait referral leaflet: ☐Yes ☐No

Please provide an explanation if the above information has not been given:

If your patient is found to have cancer, do you have any information which might be useful for secondary care regarding their likely reaction to the diagnosis (e.g. a history of depression or anxiety, or a recent bereavement from cancer might be relevant) or their physical, psychological or emotional readiness for further investigation and treatment?

Date(s) that patient is unable to attend within the next two weeks:

If the patient is not available for the next 2 weeks, and is aware of the nature of the referral, consider seeing again to reassess symptoms and refer when willing and able to accept an appointment.

Please attach additional clinical issues list from your practice system

Details to include:
Current medication, significant issues, allergies, relevant family history, alcohol status and morbidities
Medication

Problems

Allergies

Family History

Alcohol Consumption

Trust Specific Details

The Neuro-oncology Team is based at NBT.

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Please note that patients with a new onset of seizures, both partial and generalized tonic-clonic (GTC), should be referred to the *First Fit Clinic*, details of which can be found here.

For hospital to complete

UBRN:
Received date: