

SUSPECTED SKIN CANCER REFERRAL FORM

Email to: RUH-TR.CancerReferrals@NHS.net

Referrer Details	Patient Details		
Name:	Forename:	Surname:	DOB:
Address:	Address:		Gender:
			Hospital No:
			NHS No:
Tel No:	Tel No (1):	<i>Please check telephone numbers.</i>	
	Tel No (2):		
Email:	Carer requirements (has dementia or learning difficulties?)		Does the patient have the capacity to consent? Yes <input type="checkbox"/> No <input type="checkbox"/>
Decision to Refer Date:	Translator required? Yes <input type="checkbox"/> No <input type="checkbox"/> Language:		Mobility:

Clinical Details: Please indicate below which suspect lesion type you are referring in the tick box		
Site of Lesion:	Size of Lesion:	Bandaging in situ? Yes <input type="checkbox"/> No <input type="checkbox"/> Is a hoist required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of anti-coagulation:	BMI / Performance Status (WHO):	Immuno-suppressed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Relevant additional clinical issues list e.g. anxiety, need for carers/relatives to be present/mental capacity issues.		

<input type="checkbox"/> MELANOMA – Refer patients to rule out suspected malignant melanoma if they have a suspicious pigmented skin lesion with a weighted 7-point checklist score of 3 or more (cross boxes and calculate total): <input type="checkbox"/>			
Major features (Scoring 2 points each)		Minor features (Scoring 1 point each)	
Change in size		Largest diameter 7mm or more	
Irregular shape		Inflammation	
Irregular colour		Oozing	
		Change in sensation	

<input type="checkbox"/> SCC – to rule out suspected squamous cell carcinoma.
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<input type="checkbox"/> BCC – Refer patients to rule out suspected HIGH RISK basal cell carcinoma if there is a particular concern that a delay may have a significant impact on a patient's wellbeing. Eg. If the lesion has a diameter >2cm, or is at a difficult site, such as the tip of the nose, near the eye or upper lip, or there is either a large, infiltrative, or fast pattern of growth or recurrence, patient is immunosuppressed. Please use the routine referral process to rule out suspected basal cell carcinoma for patients who do not meet the particular HIGH-RISK criteria. All suspect BCCs without high-risk features will be allocated an urgent cancer appointment.
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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%

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:

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 aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.

Trust Specific Details:

For hospital to complete UBRN:
Received date: