University Hospitals of Leicester NHS
NHS Trust

URGENT REFERRAL FOR SUSPECTED COLORECTAL CANCER

If you wish to include an accompanying letter, please do so.

These forms should only be used for suspected cancer and in conjunction with the NICE Referral Guidelines for Suspected Cancer, June 2005

Patient Details	**GP Details (inc Fax Number)**
Surname Forename D.O.B. Gender Address Postcode Telephone NHS No Hospital No Interpreter? Y / N First Language:	Fax No: **Date of Decision to Refer** **Date of Referral** **GP Signature**

Do not use this form for patients who do not meet the criteria. Please use a routine letter.

Relevant information: (Check as appropriate)		**Notes**
6 weeks rectal bleeding > 60 years	☐	_____
6 weeks change in bowel habit (looser stools/ increased stool frequency) > 60 years	☐	_____
6 weeks bleeding and change of bowel habit (looser stools/ increased stool frequency) > 40 years	☐	_____
Right sided abdominal mass	☐	_____
Rectal mass	☐	_____
Unexplained iron deficiency anaemia (<11g males and <10g in post menopausal females. MCV,76/Ferritin<23men/<10 women)	☐	_____
Is patient available for their 1st appointment within the next 14 days	**Yes/No**	

Clinical Details

History/Examination/Investigations.....

Medication .....

Patient Fitness (please check boxes)		**Essential factors relevant to radiological investigation**		
Please indicate the patients level of fitness against the following criteria		**Does the patient have:**		
			Yes	No
0 = fully active	☐	Diabetes	☐	☐
1 = unable to do strenuous activities but still able to do tasks such as light house work or office work	☐	MRSA	☐	☐
2 = able walk and carry out self care (e.g. eating and dressing) but not able to work	☐	**Recent bloods results available**		
3 = only able to carry out limited self care – largely confined to bed or chair	☐	U&E's	☐	☐
4 = completely confined to bed or chair and not able to carry out self care	☐	eGFR	☐	☐

Key Medication – is the patient on:	**Patient Information**
WARFARIN Yes ☐ No ☐	Please confirm that you have informed the patient that this referral is to confirm or refute a diagnosis of bowel cancer Yes ☐ No ☐
CLOPIDOGREL Yes ☐ No ☐	

If you need clinical advice about your referral call the GP hotline on 0116 258 4858 and ask to speak to a GI clinician

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