

UNIVERSITY HOSPITALS OF LEICESTER 2WW HEAD & NECK REFERRAL FORM

PATIENT DETAILS	TITLE:		Today's date	
	SURNAME:			
	FORENAME:	Gender:		
	NHS Number:	Date of Birth:		
	Telephone:	Age:		
Other Contact Number:				
ADDRESS	Patient address house		GDP DETAILS	
	Patient address road			GDP: Sender name
	Patient address locality			Sender organisation name
	Patient address post town			Sender address road
	Patient post code			Sender address locality
		Sender post code		
Ethnicity:		Mark all applicable with a X	<input type="checkbox"/> Hearing impaired <input type="checkbox"/> Interpreter needed <input type="checkbox"/> Ambulance required <input type="checkbox"/> Visually impaired <input type="checkbox"/> Overseas visitor	
Language:				
RECIPIENT DETAILS:		Fax Number:		

* Mandatory question

Please confirm that you have informed the patient that this is to confirm or refute a diagnosis of cancer and have given them the attached leaflet*

Yes

Please confirm that you have informed the patient that they must be available to be seen within the 14 days of referral?*

Yes

Cancer area suspected*	<input type="checkbox"/> Oral cavity (including lip)
	<input type="checkbox"/> Nose/sinuses
	<input type="checkbox"/> Pharynx
	<input type="checkbox"/> Larynx
	<input type="checkbox"/> Neck
	<input type="checkbox"/> Salivary Glands
	<input type="checkbox"/> Thyroid
	<input type="checkbox"/> Other cancer type (details below)
Other suspected cancer type:	

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Risk Factors

Smoking history (in pack years):
Alcohol consumption (in units/week):
History:

Symptoms

Pain on swallowing	Yes / No
Deafness	Yes / No
Persistent unexplained sore throat	Yes / No
Hoarseness for 3 weeks with normal chest x-ray	Yes / No
Dysphagia (>3 weeks)	Yes / No
Otalgia with normal otoscopy	Yes / No
Unilateral nasal obstruction with epistaxis	Yes / No
Other relevant history:	

Examination

Unexplained red or white patch (including suspected lichen planus) of the oral mucosa that is painful, swollen or bleeding (refer non-urgently without these features)	Yes / No
Unexplained ulceration of the oral mucosa or mass persisting more than 3 weeks	Yes / No
Unexplained tooth mobility or failure of a tooth extraction socket to heal in adults persisting more than 3 weeks	Yes / No
Unexplained lump in neck for more than 3 weeks	Yes / No
Salivary gland swelling greater than 3 weeks	Yes / No
Thyroid lump with suspicious features	Yes / No
Cranial nerve palsy	Yes / No
Orbital mass/proptosis	Yes / No
Other relevant examination:	

Investigations

Relevant imaging findings:

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Administration

More details/other reasons for urgent referral:	
Significant issues to be considered (e.g. Language/Need for Interpreter, Mental Health, Learning Difficulties, Dementia, Cultural/Religious, Visual/Hearing Impairment, Carers Involvement):	
Best number to contact the patient on (Please check the patient's contact number is up to date to avoid delays):	
Please tick to confirm the patient is happy for a message to be left on contact number provided (2WW office are not able to leave a message without the patient's consent):*	
Has the patient got any learning difficulties?	Yes / No
Is the patient a carer?	Yes / No