

SOUTH WEST LONDON CANCER NETWORK: SUSPECTED COLORECTAL CANCER REFERRAL FORM

No. of pages faxed:

Date of GP decision to refer:

URGENT REFERRALS CRITERIA

(Please tick category)

- Rectal Bleeding WITH a change in bowel habit to looser stools
- And/Or
- Increased frequency of defecation persistent for 6 weeks. All ages
- A definite palpable right-sided abdominal mass. All ages
- A definite palpable rectal (not pelvic) mass. All ages
- Rectal bleeding persistently WITHOUT anal symptoms (including soreness, discomfort, itching, lumps and prolapse as well as pain). Over 60 yrs
- Change of bowel habit to looser stools and/or increased frequency of defecation, WITHOUT rectal bleeding and persistent for six weeks. Over 60 yrs
- Iron deficiency anaemia WITHOUT an obvious cause (Hb < 11g/dl in men or < 10g/dl postmenopausal women).

Investigations

Haemoglobin _____g/dl Other _____

TO BE COMPLETED BY THE DATA TEAM:

Date received: _____ Date 1st appointment booked: _____
 Specify reason if not seen at 1st appointment offered: _____

GP DETAILS

GP Name and Initials: _____ GP Practice Code: _____
 Address (use practice stamp if available): _____ Post Code: _____
 Telephone No: _____ Fax. No: _____

PATIENT DETAILS

Last Name: _____ First Name: _____
 Address: _____ Post Code: _____
 Daytime Telephone No: _____ Date of Birth: _____ Age: _____
 Has the patient previously visited this hospital? Y/N M F
 Hospital No (if known): _____ NHS No: _____
 Interpreter required? Y/N: _____ First Language: _____

COMMENTS/OTHER REASONS FOR URGENT REFERRAL

Date of 1st appointment: _____ Date 1st seen: _____
 Final diagnosis (please circle): Malignant Benign