

SOUTH WEST LONDON CANCER NETWORK: SUSPECTED LUNG CANCER REFERRAL FORM

URGENT REFERRALS CRITERIA

(Please tick category)

- Persistent Cough
- Unexpected or worsening breathlessness
- Diffuse/aching chest pain unrelated to exercise, persistent or atypical
- Haemoptysis
- Dyspnoea – unexplained
- Weight loss – unexplained
- Hoarseness – unexplained
- Findings of
 - clubbing
 - unexplained cervical nodes
 - pleural effusion

Patients presenting with any of these symptoms should be referred for an urgent chest x-ray. If the chest x-ray is abnormal then urgent referral should be made to a respiratory physician.

X-Ray Result - must be attached

- Abnormal
- Attached

If the chest x-ray is normal and the GP is concerned or suspicious then an urgent referral should be made.

Date of GP decision to refer:

No. of pages faxed:

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

Gender: M F

Hospital No (if known):

NHS No:

Interpreter required? Y/N:

First Language:

COMMENTS/OTHER REASONS FOR URGENT REFERRAL

TO BE COMPLETED BY THE DATA TEAM:

Date received:

Date 1st appointment booked:

Date 1st seen:

Specify reason if not seen at 1st appointment offered:

Final diagnosis (please circle):

Malignant

Benign