

SOUTH WEST LONDON CANCER NETWORK: SUSPECTED UPPER GASTROINTESTINAL CANCERS REFERRAL FORM

URGENT REFERRALS CRITERIA
(Please tick box)

Dysphagia (recent onset)

Dyspepsia 'alarm' symptoms:

- Unintentional weight loss
- Iron deficiency anaemia <10HB in men & postmenopausal women
- Vomiting

Dyspepsia for more than two weeks in patients aged 55 or over with at least one of the following 'high risk features':

- Onset of dyspepsia less than 1 year ago
- Continuous symptoms since onset

Dyspepsia with at least one of the following risk factors:

- Family of history of upper GI cancer in more than 2 first degree relatives
- Barrett's oesophagus
- Pernicious anaemia
- Peptic ulcer surgery over 20 years ago
- Known dysplasia, atrophic gastritis, intestinal metaplasia

Jaundice

Upper abdominal mass

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 of 1st appointment: _____

Date 1st seen: _____

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

Final diagnosis (please circle): _____ Malignant
Benign