

PAN LONDON & SOUTH EAST SARCOMA NETWORK REFERRAL FORM
(FOR SUSPECTED SOFT TISSUE SARCOMA IN CHILDREN PLEASE USE THE PAN LONDON
SUSPECTED CHILDRENS CANCER REFERRAL FORM)

Press the <Ctrl> key while you click here to view the Pan London Suspected Cancer Referral Support Guide

REFERRAL DATE:

Please email or send e-referral within 24 hours.
Fax is no longer supported due to patient safety and confidentiality risks.
 Press the <Ctrl> key while you click here to view the list of hospitals you can refer to
Copy the hospital details from the webpage and paste them onto the line below.

- | | |
|---|---|
| <input type="checkbox"/> SOFT TISSUE
(All tumour sites) | Royal Marsden Hospital
http://www.lsesn.nhs.uk/files/contact-details.docx |
| <input type="checkbox"/> SOFT TISSUE & BONE
(Limb & trunk) | Royal National Orthopaedic Hospital
http://www.lsesn.nhs.uk/files/contact-details.docx |
| <input type="checkbox"/> SOFT TISSUE
(Non-limb/trunk: e.g. head & neck, retroperitoneal, abdominal, urology, breast, skin etc.) | University College London Hospital
http://www.lsesn.nhs.uk/files/contact-details.docx |

PATIENT DETAILS

SURNAME: FIRST NAME: TITLE:

GENDER: DOB: AGE: NHS NO:

ETHNICITY: LANGUAGE:

INTERPRETER REQUIRED TRANSPORT REQUIRED

PATIENT ADDRESS: POSTCODE:

DAYTIME CONTACT :

HOME : MOBILE : WORK : EMAIL:

CARER/KEY WORKER DETAILS

NAME: CONTACT : RELATIONSHIP TO PATIENT:

COGNITIVE, SENSORY OR MOBILITY IMPAIRMENT



COGNITIVE SENSORY MOBILITY DISABLED ACCESS REQUIRED

PLEASE INCLUDE RELEVANT DETAILS:

SAFEGUARDING

SAFEGUARDING CONCERNS

PLEASE INCLUDE RELEVANT DETAILS:

GP DETAILS	
USUAL GP NAME:	<input type="text"/>
PRACTICE NAME:	PRACTICE CODE: <input type="text"/>
PRACTICE ADDRESS: <input type="text"/>	
BYPASS  : <input type="text"/>	
MAIN  :	FAX: <input type="text"/> EMAIL: <input type="text"/>
REFERRING CLINICIAN: <input type="text"/>	

REASON FOR SUSPECTED CANCER REFERRAL	
Press the <Ctrl> key while you click here to view Pan London Suspected Sarcoma Referral Guide	
<input type="checkbox"/> SUSPECTED <u>SOFT TISSUE SARCOMA</u> IN ADULTS ALL SUSPECTED SOFT TISSUE SARCOMA IN CHILDREN SHOULD BE REFERRED TO THE LOCAL PAEDIATRIC SERVICE USING THE PAN LONDON SUSPECTED CHILDRENS CANCER REFERRAL FORM Press the <Ctrl> key while you click here to view Pan London Suspected Children's Cancer Referral Guide	<input type="checkbox"/> SUSPECTED PRIMARY <u>BONE SARCOMA</u> IN CHILDREN AND ADULTS
Specific body site: <input type="text"/>	Specific body site: <input type="text"/>
<input type="checkbox"/> Refer the patient to a Sarcoma Diagnostic Service with a soft tissue mass which has one or more of the following features: <ul style="list-style-type: none"> <input type="checkbox"/> Increasing in size <input type="checkbox"/> Deep to fascia <input type="checkbox"/> Painful <input type="checkbox"/> Fixed/immobile <input type="checkbox"/> > 5cm in size <input type="checkbox"/> Imaging that suggests soft tissue sarcoma <input type="checkbox"/> Other (please specify): <input type="text"/> <input type="checkbox"/> Recurrence following excision (please specify): <input type="text"/> <input type="checkbox"/> Normal or equivocal ultrasound but high clinical suspicion of sarcoma	<input type="checkbox"/> Refer the patient to a Sarcoma Diagnostic Service with an x-ray that is suspicious and showing the following features: <ul style="list-style-type: none"> <input type="checkbox"/> Spontaneous fracture <input type="checkbox"/> Bone destruction <input type="checkbox"/> New bone formation <input type="checkbox"/> Periosteal elevation <input type="checkbox"/> Normal or equivocal x-ray but high clinical suspicion of bone sarcoma <input type="checkbox"/> Bone swelling or tenderness <input type="checkbox"/> Bone pain (including night pain and pain not responding to simple analgesia)
<input type="checkbox"/> Referral is due to CLINICAL CONCERNS that do not meet NICE/Pan-London referral criteria (the GP MUST give full clinical details in the 'additional clinical information' box at time of referral)	<input type="checkbox"/> Referral is due to CLINICAL CONCERNS that do not meet NICE/Pan-London referral criteria (the GP MUST give full clinical details in the 'additional clinical information' box at time of referral)

IMAGING INVESTIGATIONS (please attach or send with form)		
Investigation	Location of imaging department	Date of investigation
<input type="checkbox"/> X-RAY	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> USS	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> CT	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MRI	<input type="text"/>	<input type="text"/>

Additional clinical information:

Personal/relevant patient information:

Past history of cancer:

Relevant family history of cancer:

<input type="checkbox"/> I have discussed the possible diagnosis of cancer with the patient <input type="checkbox"/> The patient has been advised and confirmed they will be available for an appointment within the next two weeks <input type="checkbox"/> I have counselled the patient regarding the referral process and offered the pan-London information leaflet. Offering written patient information increases patient experience and reduces non-attendance. These are available in 11 different languages. Press the <Ctrl> key while you click here to view the leaflet View Leaflet <input type="checkbox"/> This patient has been added to the practice suspected cancer safety-netting system Press the <Ctrl> key while you click here to view Pan London Practice-based Suspected Cancer Safety Netting System View System

INVESTIGATIONS

Please ensure this referral includes ALL the relevant investigations including blood tests and imaging. If there are any pending test results that you have organised at the time of this referral please provide information including TYPE OF INVESTIGATION requested (bloods, imaging) and TRUST performing the tests in the box below. <input type="text"/>
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HISTOLOGY REPORTS Please include date: and location of laboratory:

IMAGING STUDIES (in past 3 months) Please include date: and location:

RENAL FUNCTION (most recent recorded in past 3 months)

MEDICAL HISTORY

ALLERGIES

DOB: NHS no:

MEDICATION