

SUSPECTED HAEMATOLOGICAL CANCER – REFERRAL FORMTo make an **URGENT REFERRAL**, Fax: **0151 430 1629**

Telephone Contact No.: 0151 430 1234

REFERRER'S DETAILS			
Referring GP			GP Code:
Registered GP			
GP Address & postcode			
GP Tel. No.			
GP Fax. No.			
Date seen by GP:			Decision to refer date:
PATIENT DETAILS			
Title & Surname			Forename(s)
D.O.B.			AGE: Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address			
Postcode			*Tel. No. (day) Mobile Tel.
*Tel. No. (evening)			NHS No. Hospital No.
<p>* <u>N.B.</u> It is essential that you provide a current contact telephone number for the patient so that the Trust can contact the patient within 24-hours to arrange a convenient appointment.</p>			
CULTURAL, MOBILITY, IMPAIRMENT ISSUES			
<p>What is the patient's preferred first language?</p> <p>Does the patient require Translation or Interpretation Services? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Please list any hearing or visual impairments requiring specialist help (Sign language, Braille, Loop Induction systems)</p> <p>Is Disabled Access Required? YES <input type="checkbox"/> NO <input type="checkbox"/> Is transport required? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Ethnic Origin: Religion:</p> <p>Is the patient from overseas? YES <input type="checkbox"/> NO <input type="checkbox"/> Is the patient a temporary visitor? YES <input type="checkbox"/> NO <input type="checkbox"/></p>			
<p>Malignancy suspected: Leukaemia <input type="checkbox"/> Lymphoma (HD or NHL) <input type="checkbox"/> Myeloma <input type="checkbox"/></p>			
<p><u>Refer IMMEDIATELY patients:</u></p> <ul style="list-style-type: none"> With a blood count/film reported as acute leukaemia. With spinal cord compression or renal failure suspected of being caused by myeloma. 			
REFERRAL INFORMATION (referral guidelines are provided below / attached to proforma)			
Fatigue	YES <input type="checkbox"/> NO <input type="checkbox"/>	Bleeding	YES <input type="checkbox"/> NO <input type="checkbox"/>
Drenching night sweats	YES <input type="checkbox"/> NO <input type="checkbox"/>	Recurrent infections	YES <input type="checkbox"/> NO <input type="checkbox"/>
Fever	YES <input type="checkbox"/> NO <input type="checkbox"/>	Persistent unexplained bone pain	YES <input type="checkbox"/> NO <input type="checkbox"/>
Weight loss	YES <input type="checkbox"/> NO <input type="checkbox"/>	Alcohol-induced pain	YES <input type="checkbox"/> NO <input type="checkbox"/>
Generalised itching	YES <input type="checkbox"/> NO <input type="checkbox"/>	Abdominal pain	YES <input type="checkbox"/> NO <input type="checkbox"/>
Breathlessness	YES <input type="checkbox"/> NO <input type="checkbox"/>	Lymphadenopathy	YES <input type="checkbox"/> NO <input type="checkbox"/>
Bruising	YES <input type="checkbox"/> NO <input type="checkbox"/>	Persistent unexplained splenomegaly	YES <input type="checkbox"/> NO <input type="checkbox"/>
<p>Additional Lymphadenopathy Features:</p> <p>Lymph nodes increasing in size YES <input type="checkbox"/> NO <input type="checkbox"/> Lymph nodes greater than 2cm in size YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Widespread nature YES <input type="checkbox"/> NO <input type="checkbox"/> Associated splenomegaly, night sweats or weight loss YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Persistence for 6 weeks or more YES <input type="checkbox"/> NO <input type="checkbox"/> Site?</p>			
INVESTIGATION RESULTS:			
ESR	FBC		
Blood Film	Clotting Screen		
X-Ray	Liver/bone profile		
Urea & Electrolytes	Immunoglobulin/paraprotein		
PSA	Plasma viscosity/C-reactive protein		
Any additional information			
<p>Is the patient aware of the reason & urgency for referral & aware that they will be seen within 2 weeks? YES <input type="checkbox"/> NO <input type="checkbox"/></p>			

Referral Criteria: NICE – Clinical Guideline 27 (issued June, 2005)

- Be aware that haematological cancers can present with a variety of symptoms that may have a number of different clinical explanations.
- **Combinations of the following symptoms and signs warrant full examination, further investigation (including a blood count and film) and possible referral:**

- | | | |
|--------------------------|------------------------|------------------------|
| - fatigue | - breathlessness | - alcohol-induced pain |
| - drenching night sweats | - bruising | - abdominal pain |
| - fever | - bleeding | - lymphadenopathy |
| - weight loss | - recurrent infections | - splenomegaly |
| - generalised itching | - bone pain | |

The urgency of the referral depends on the symptom severity and finding of investigation.

Immediate referral (*definition of 'immediate' = an acute admission or referral occurring within a few hours, or even more quickly if necessary*)

Refer immediately patients:

- With a blood count/film reported as acute leukaemia
- With spinal cord compression or renal failure suspected of being caused by myeloma

Urgent referral (*the patient is seen within the national target for urgent referrals = currently 2 weeks*)

- Refer urgently patients with persistent unexplained splenomegaly.

Investigations. In patients with:

- **Persistent unexplained fatigue**, carry out a full blood count, blood film and erythrocyte sedimentation rate, plasma viscosity or C-reactive protein (according to local policy). Repeat at least once if the patient's condition remains unexplained and does not improve.
- **Unexplained lymphadenopathy** carry out a full blood count, blood film and erythrocyte sedimentation rate plasma viscosity or C-reactive protein (according to local policy).
- **Any of the following additional features of lymphadenopathy:**
 - persistence for 6 weeks or more
 - lymph nodes increasing in size
 - lymph nodes greater than 2cm in size
 - widespread nature
 - associated splenomegaly, night sweats and weight loss

Investigate further and/or refer.

- **Unexplained bruising, bleeding and purpura or symptoms suggesting anaemia**, carry out a full blood count, blood film, clotting screen and erythrocyte sedimentation rate, plasma viscosity or C-reactive protein (according to local policy).
- **Persistent and unexplained bone pain**, carry out a full blood count and X-ray, urea and electrolytes, liver and bone profile, PSA test (in males) and erythrocyte sedimentation rate, plasma viscosity or C-reactive protein (according to local policy).

Definitions

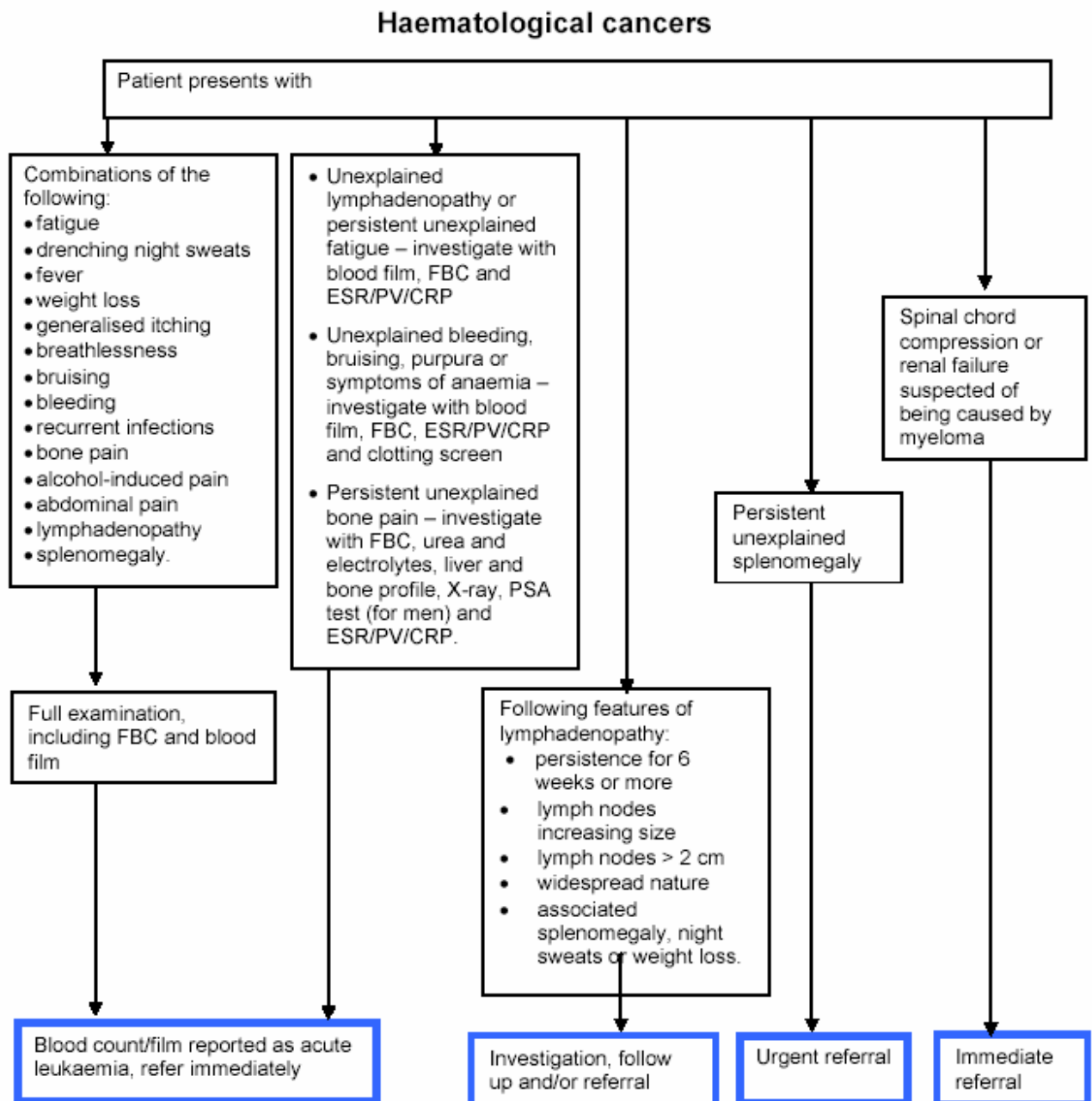
'Immediate' referral = an acute admission or referral occurring within a few hours, or even more quickly if necessary

'Urgent': the patient is seen within the national target for urgent referrals (currently 2 weeks)

'Persistent' as used in the recommendations in this guideline refers to the continuation of specified symptoms and/or signs beyond a period that would normally be associated with self-limiting problems. The precise period will vary depending on the severity of symptoms and associated features, as assessed by the healthcare professional. In many cases, the upper limit the professional will permit symptoms and/or signs to persist before initiating referral will be 4–6 weeks.

'Unexplained' as used in the recommendations in this guideline refers to a symptom(s) and/or sign(s) that has not led to a diagnosis being made by the primary care professional after initial assessment of the history, examination and primary care investigations (if any).

An algorithm¹ summarising the principal recommendations on how to proceed when a patient presents with symptoms suggestive of haematological cancer.



1. National Institute for Health and Clinical Excellence: Referral guidelines for suspected cancer - Clinical Guideline 27 (issued June, 2005)