**Pan London Suspected sarcoma Referral Form**

[**TOP TIPS**](https://www.transformationpartners.nhs.uk/wp-content/uploads/2024/04/top-tips-for-sarcoma.pdf)  
**Sarcoma urgent referrals**

**Referral should be sent via e-RS with this form attached within 24 hours**

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| Surname: «PATIENT\_Surname» | First name: «PATIENT\_Forename1» |
| Referral date: «SYSTEM\_Date» | NHS number: «PATIENT\_Current\_NHS\_Number» |
| Patient’s hospital of choice: [     ] [Pan London suspected sarcoma referral sites weblink](https://www.transformationpartners.nhs.uk/pan-london-urgent-suspected-sarcoma-referral-sites/) | |

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| **Guidance for referrers:**   * [See**Pan London Suspected Sarcoma Referral Guide**](https://www.transformationpartners.nhs.uk/usc-sarcoma-clinical-guide/) for London-wide sarcoma pathway and referral criteria. * X-Ray, ultrasound or MRI should accompany ALL urgent referrals unless you suspect recurrence of previous sarcoma. * Use local request form/process to arrange urgent imaging. * Only refer to a**SARCOMA CENTRE**if patient has had imaging and report confirms or is highly suspicious of sarcoma. |

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| 1. **REFERRAL SITE – ESSENTIAL** | |
| ADULT - suspected **SOFT TISSUE SARCOMA**  **Imaging NOT highly suspicious** | **Refer to DIAGNOSTIC CLINIC** ([see weblink above](https://www.transformationpartners.nhs.uk/pan-london-urgent-suspected-sarcoma-referral-sites/)) |
| ADULT - suspected **SOFT TISSUE SARCOMA**  **Highly suspicious imaging or sarcoma confirmed** | **Refer to SARCOMA CENTRE** ([see weblink above](https://www.transformationpartners.nhs.uk/pan-london-urgent-suspected-sarcoma-referral-sites/)) |
| ADULT or CHILD - suspected **BONE SARCOMA** | Refer to the Royal National Orthopaedic Hospital |
| CHILD with suspected **SOFT TISSUE SARCOMA** | Discuss with local **on-call paediatrician** |

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| 1. **REASON FOR REFERRAL – ESSENTIAL**   *See* [Pan London Suspected Sarcoma Referral Guide](https://www.transformationpartnersinhealthandcare.nhs.uk/usc-sarcoma-clinical-guide/) |
| ***Please record below the history and findings on physical examination and why you feel the patient may have cancer:*** |
| **Site of suspected sarcoma:**  Limb/Trunk  Intra-abdominal  Abdominal wall  Head & Neck  Other, please state |

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| 1. **SPECIFIC CRITERIA FOR URGENT REFERRAL – ESSENTIAL** |
| **Criteria for urgent referral suspected BONE SARCOMA IN ADULTS AND CHILDREN** |
| Suspicious X-Ray showing one or more of the following features:  • Spontaneous fracture • Bone destruction • New bone formation • Periosteal elevation  Bone swelling or tenderness  Normal/equivocal x-ray but high clinical suspicion sarcoma e.g. bone pain no response analgesia or night-time pain |
| **Criteria for urgent referral suspected SOFT TISSUE SARCOMA IN ADULTS** |
| Ultrasound or MRI which suggests soft tissue sarcoma  Suspected recurrence of previous sarcoma |

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| 1. **INVESTIGATIONS AND ACTIONS TO BE COMPLETED RIOR TO REFERRAL – ESSENTIAL** |
| **Bone Sarcoma:** Confirm X-Ray has been done and result is attached to this referral  **Soft Tissue Sarcoma:** Confirm ultrasound or MRI has been done and result is attached to this referral  *Ultrasound or MRI Imaging should accompany an urgent referral unless you suspect recurrence of previously diagnosed soft tissue sarcoma.* |

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| 1. **INFORMATION FOR HOSPITAL ASSESSMENT – ESSENTIAL** | |
| **WHO Performance status** | |
| **0** Fully active  **1** Restricted physically but ambulatory and able to carry out light work  **2** Ambulatory more than 50% of waking hours; able to carry out self-care  **3** Limited self-care; confined to bed or chair more than 50% of waking hours  **4** Completely disabled; cannot carry out any self-care. The patient is totally confined to bed or chair | |
| **Other access needs -** *please detail per the selected options in the field below* | |
| Interpreter required If Yes, Language:  Transport required  Wheelchair access required | Cognitive impairment including dementia  Learning disability ([see London LD contacts](https://www.england.nhs.uk/london/london-clinical-networks/our-networks/learning-disabilities/publications/))  Mental health issues that may impact on engagement  SMI |
| Details of learning disabilities, access needs and reasonable adjustments: | |

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| 1. **ADDITIONAL IMPORTANT CLINICAL INFORMATION** |
| Past history of cancer: |
| Relevant family history of cancer: |
| Safeguarding concerns: |
| Other relevant information about patient’s circumstances: |
| Patient referred/previously investigated for similar symptoms at other hospital/service?  No  Yes, please give details: |

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| I have discussed the **possible diagnosis of cancer** with the patient [(Patient Information Resources)](https://www.transformationpartners.nhs.uk/programmes/cancer/early-diagnosis/two-week-wait-referral-repository/suspected-cancer-referrals/patient-information-leaflets/) |
| I have advised the patient to **prioritise this appointment and confirmed they’ll be available within the next 28 days.** |
| The patient has been advised that the hospital care **may contact them by telephone** |
| Patient added to the practice **safety-netting system** and practice will review by DDMMYY *(manual entry)* |

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| 1. **REFERRER DETAILS – ESSENTIAL** | |
| Usual GP name: «PATIENT\_Usual\_GP» | Referring clinician: «REFERRAL\_Clinician» |
| Practice code: | Practice address: «PRACTICE\_House» «PRACTICE\_Road», «PRACTICE\_Locality», «PRACTICE\_Town», «PRACTICE\_Postcode» |
| Practice name: «PRACTICE\_Name» | Email: |
| Main Tel: «PRACTICE\_Main\_Comm\_No» | Practice bypass numbers can be found using the [NHS Service Finder website](https://servicefinder.nhs.uk/) |

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| 1. **PATIENT DETAILS** | | |
| Surname: «PATIENT\_Surname» | First name: «PATIENT\_Forename1» | |
| NHS number: «PATIENT\_Current\_NHS\_Number» | Title: «PATIENT\_Title» | |
| Gender on NHS record: «PATIENT\_Sex» | Gender Identity:       ***(manual entry)*** | |
| Ethnicity: | | |
| DOB: «PATIENT\_Date\_of\_Birth» | Age: «PATIENT\_Age» | |
| Patient address: «PATIENT\_House» «PATIENT\_Road», «PATIENT\_Locality», «PATIENT\_Town», «PATIENT\_Postcode» | | |
| Daytime contact Tel: **Work:** «PATIENT\_Main\_Comm\_No» **Home:** «PATIENT\_Alt\_Comm\_No» **Mobile:** «PATIENT\_Mobile\_No» | | |
| Email: | | |
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| **Carer/ key worker details:** | | |
| Name: | Contact Tel: | |
| Relationship to patient: |  | |
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| 1. **CONSULTATIONS, PAST MEDICAL HISTORY, MEDICATIONS AND INVESTIGATIONS** | | |
| ***Please note: You will need to add pending test results, requests and relevant excluded medical history (e.g. trans history, sexual health, private patients) manually in the text boxes below.*** | | |
| Consultations:  «CURRENT\_CONSULTATION» | | |
| Medical history:  «MEDICAL\_HISTORY» | | |
| Medication:  «REPEATS» | | |
| Allergies:  «DRUG\_ALLERGY» | | |
| Imaging studies (in the past 12 months): Date:        Hospital Location: | | |
| Test results pending (type of investigation) :       Trust / Organisation:       Date: | | |
| All Values and Investigations (in the past 6 months): | | |
| BMI (latest):  «PATIENT\_BMI» | |
| Weight (last three):  «PATIENT\_Weight» | |
| Blood Pressure (latest):  «PATIENT\_BP» | |
| Safeguarding history: | | |
| Learning disability: | | |
| Use of wheelchair: | | |
| Accessible Information Needs (AIS): | | |

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| *The content of these forms will be reviewed as part of regular cancer auditing.*  *Contact* [England.TCSTLondon@nhs.net](mailto:England.TCSTLondon@nhs.net) *to report any issues with this form.*  *DO NOT send referral forms with patient identifiable information to this email address.* |