**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**

|  |  |
| --- | --- |
| 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/) |

|  |
| --- |
| **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.
 |

|  |
| --- |
| 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**  |

|  |
| --- |
| 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  |

|  |
| --- |
| 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 |

|  |
| --- |
| 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.*  |

|  |
| --- |
| 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:       |

|  |
| --- |
| 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:      |

|  |
| --- |
| [ ]  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)*       |

|  |
| --- |
| 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/) |

|  |
| --- |
| 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:       |
|  |
| **Carer/ key worker details:** |
| Name:         | Contact Tel:        |
| Relationship to patient:       |  |
|  |
| 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):       |

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