**HEAD & NECK SUSPECTED CANCER REFERRAL FORM**

Date of GP decision to refer:  
No. of pages sent:

**IF CHOOSE & BOOK IS UNAVAILABLE, COMPLETE FORM AND FAX/EMAIL TO THE REFERRAL TEAM WITHIN 24 HRS.**  
**NOTE:** This form is NOT for use for patients aged < 16 years.

If your patient does not meet NICE suspected cancer referral criteria, but you feel they warrant further investigation, please disclose full details in your referral letter.

Please attach a Patient Summary including:
- Referral letter (if applicable)
- Investigation results
- PMH
- Up-to date medications list & indications

**WHO PATIENT PERFORMANCE STATUS KEY**

<table>
<thead>
<tr>
<th>Status Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Fully active, able to carry on all pre-disease performance without restriction</td>
</tr>
<tr>
<td>1</td>
<td>Restricted in physically strenuous activity but ambulatory and able to carry out light/sedentary work, e.g. house or office work</td>
</tr>
<tr>
<td>2</td>
<td>Ambulatory and capable of self-care, but unable to carry out work activities. Up and active &gt; 50% of waking hours</td>
</tr>
<tr>
<td>3</td>
<td>Capable of only limited self-care. Confined to bed or chair &gt;50% of waking hours</td>
</tr>
<tr>
<td>4</td>
<td>Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair</td>
</tr>
</tbody>
</table>

FOR GUIDANCE ON SYMPTOMS & HOSPITAL CONTACT DETAILS, SEE REVERSE OF THIS FORM.
PATIENT PRESENTS WITH

ANY OF:

A red or red-and-white patch in oral cavity consistent with erythroplakia or erythroleukoplakia [2015]

Lump on lip or in the oral cavity

Orbital mass

SUSPICIOUS

Conside Lung Pathway

FAX: 01582 497910
FAX: 01582 497911

SUSPICIOUS

Chest X-ray

NORMAL RESULT

FAX: 01553 613473

ANY OF:

Persistent lump in neck, especially if aged >45 years, smokes, drinks alcohol or has a poor diet

Persistent ulceration in oral cavity >3 weeks

IF ≥ 45 yrs WITH hoarseness >3 wks

An unexplained thyroid lump [2015]

SUSPECTED CANCER REFERRAL (WITHIN 14 DAYS)

Anglia

Addenbrookes
Add-tr.nhsoutpatientreferrals@nhs.net
Tel: 01223 596110

Bedford Hospital
FAX: 01234 792133

Hinchingbrooke
TEL: 01480 847557
hch-tr.cancerMDT@nhs.net

Ipswich Hospital
FAX: 01493 453325

James Paget
FAX: 01493 704120

QEH, King’s Lynn
FAX: 01553 613473

Norfolk & Norwich
FAX: 01603 286876

Peterborough & Stamford
FAX: 01733 678562
2wwreferrals@pbh-tr.nhs.uk

West Suffolk Hospital
wsh-tr.RapidAccess@nhs.net

Beds & Herts

East & North Herts
FAX: 01438 284503
If you have not received acknowledgement within 48hrs (Mon-Fri) contact the 2WW supervisor on 01438 285206

Luton & Dunstable
FAX: 01582 497910
FAX: 01582 497911

West Herts Hospitals
TEL: 01727 897199

West Herts - tr.twwreferrals@nhs.net

Essex

Basildon & Thurrock
FAX: 01268 598066
cancer.2wwreferrals@btuh.nhs.uk

Colchester Hospital University FT
twoweek.waitreferral@nhs.net

Mid Essex Hospitals FT
FAX: 012455 16751

Southend University Hospital FT
FAX: 01702 508174