RAPID DIAGNOSTIC CENTRE REFERRAL FORM – VAGUE SYMPTOM PATHWAY

Referral email :- iesccg.vaguesymptoms@nhs.net

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

NOTE: This form is NOT for use for patients under 40

INFORMATION PROVIDED TO PATIENT (To be provided by referring Clinician)	**please tick**
Patient has been informed that cancer needs to be excluded	
Is malignancy Probable ☐ Possible ☐ Unlikely ☐	
Patient has been given written information leaflet regarding the referral pathway	
Patient understands that they may go straight to a diagnostic test at the hospital	
Patient has confirmed they are available for the next 4 weeks (including weekends) – please add any dates not free	

PATIENT DETAILS – Must provide current telephone number			
Last name:		First name:	
Gender:		DOB:	
NHS No:			
Address:			
Tele (Day):		Tele (Evening):	
Mobile No:		Patient happy for a message to be left	
Email:			

GP DETAILS	
GP name:	
Practice Code:	
Address:	
Telephone:	
Practice email:	

WHO PERFORMANCE STATUS		select one
0	Fully active, able to carry on all pre-disease performance without restriction	
1	Restricted in physically strenuous activity but ambulatory and able to carry out light/sedentary work, e.g. house or office work.	
2	Ambulatory and capable of self-care, but unable to carry out work activities. Up and active more than 50% of waking hours.	
3	Capable of only limited self-care. Confined to bed or chair more than 50% of waking hours.	
4	Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair.	

ADDITIONAL CONSIDERATIONS

Please tick if the answer is yes to any of the questions below and give further information

Transport required?		**If yes, please give details:**
Language/Hearing difficulties?		
Learning difficulties?		
Mental capacity assessment required?		
Known safeguarding concerns?		
Mobility requirements (unable to climb on/off bed)?		

BACKGROUND INFORMATION/RISK FACTORS			
BMI		Smoker/ex-smoker	
Alcohol		Other please specify	

Relevant family history	

RDC REFERRAL CRITERIA – REASON FOR REFERRAL	
Symptoms which may represent malignant disease but do not fit existing fast track referral criteria (NICE NG12). These may include, but are not limited to (please tick if yes):	
1. GP "gut" feeling	☐
2. Unexplained weight loss (>5% in 3/12 or strong clinical suspicion)	☐
3. Undiagnosable abdominal pain >4/52, but normally <6/12	☐
4. Unexplained constitutional symptoms >4/52 (Loss of appetite, fatigue, nausea, malaise)	☐
5. Progressive otherwise undiagnosed pain, including possible bone pain	☐
6. Malignancy markers not explained by known pathology (raised inflammatory markers, thrombocytosis, VTE, ALP >x2 normal, hypercalcaemia)	☐

EXCLUSIONS	
1. Age <40years	No ☐
2. Alternative suitable urgent pathway exists, 2WW or otherwise	No ☐
3. Already under investigation for symptoms	No ☐
4. Unable/too unwell for OPD (consider admission)	No ☐

CONSIDER SYMPTOM SCREEN- is a 2WW pathway relevant?			
Dysphagia	No ☐	Change of bowel habit >6/52	No ☐
Cough/hoarseness >3/52	No ☐	Severe fatigue/malaise	No ☐ (If yes is CFS likely?)
Abnormal bleeding bowel/uterus/urine	No ☐	Localised pain >4/52	No ☐
Mental State	No ☐ (If yes could this be cause)	Persistent nausea/anorexia	No ☐

Clinical triage is a crucial element of assessment so please give as comprehensive history and examination findings as possible, and ensure ALL pre-referral tests are requested, or referrals may be returned.

ESSENTIAL FILTER TESTS AND INVESTIGATIONS			
It is mandatory to do all the following blood tests before referral; please tick the box to confirm they have been done. ☐ FBC, ESR, Clotting Screen, U&E, eGFR, TFT, LFT, Bone Profile, CRP, HbA1c, Coeliac Screen Urine Dipstick			
FIT Test	☐	Tumour Markers (PSA/CA125 as appropriate)	☐
CXR	☐	USS - abdo only males, abdo + pelvis females	☐

CLINICAL INFORMATION (OR ATTACH LETTER)

PATIENT MEDICAL HISTORY		
Existing conditions (please list or attach summary)		
Current medication (please list or attach list with indications)		
Allergies		Details:
Anticoagulants/Antiplatelets		Details:
Immunosuppressants		Details:
Diabetic		Details: