

Please use separate children's proforma for patients under 16

Patient details			
<b>Patient Name</b>	\${firstname} \${surname}		
<b>Address</b>	\${patientAddress} \${postcode}		
<b>DOB</b>	\${dob}	<b>NHS No.</b>	\${nhsNumber}
<b>Home Tel. No.</b>	\${home}	<b>Gender</b>	\${gender}
<b>Mobile Tel. No.</b>	\${mobile}	<b>Ethnicity</b>	\${ethnicity}
<b>Preferred Tel. No.</b>	\${preferredNumber}	<b>Email Address</b>	\${email}
<b>Main Spoken Language</b>	\${language}	<b>Interpreter needed?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Transport needed?</b>	\${transportNeeded}	<b>Patient agrees to telephone message being left?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Communication requirements</b>	Hard of hearing: <input type="checkbox"/> Visually impaired: <input type="checkbox"/> Learning/mental difficulties: <input type="checkbox"/> Dementia: <input type="checkbox"/> Has the patient capacity? Yes <input type="checkbox"/> No <input type="checkbox"/> Communication difficulties other: (please specify) \${communicationDifficultiesOther}		
<b>Safeguarding concerns?</b>	\${safeguardingConcerns}		
<b>Date of Decision to Refer</b>	\${createdDate}		

Registered GP details			
Practice Name	\${practiceName}		
Registered GP	\${usualName}	Usual GP / Referring GP	\${referringClinical}
Registered GP Address	\${practiceAddress}		
Tel No.	\${main}	Fax No.	\${fax}
Email	\${gpEmail}	Practice Code	\${practiceCode}

Patient engagement	
The patient has been informed that the reason for referral is to rule out or rule in Cancer.	<input type="checkbox"/>
Supporting information (2ww leaflet) provided	<input type="checkbox"/>
The patient has been informed of the likely next pathway steps and the time in which they should be contacted?	<input type="checkbox"/>
The patient has confirmed that they are willing and available to be contacted and attend the hospital for appointments and tests within the required timeframes? (and that this may include virtual or telephone consultations if appropriate)	<input type="checkbox"/>
Does the patient want a relative present at the appointment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient or Carer Concerns/ Support Needs at the point of referral: \${carerConcernsOrSupportNeeds}	

Covid status	
I can confirm the patient has been fully vaccinated	<input type="checkbox"/> Yes <input type="checkbox"/> No

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SYB ICS Cancer Haematology Pathway (Version 2.3)

[Implementation Date: June 2021/Review Date: June 2022]

Referral criteria		
<b>Acute leukaemia</b> Please discuss all cases with a Consultant Haematologist Immediate or urgent action required (some patients may require admission)	<b>Blood film suggestive of acute leukaemia</b>	<input type="checkbox"/>
<b>Chronic Leukaemia</b> (Suspected chronic lymphocytic leukaemia should usually be referred routinely, if unsure please seek advice from your local Haematology team via email advice and guidance)	Blood film suggestive of chronic leukaemia	<input type="checkbox"/>
<b>Lymphoma</b> <b>Non-Hodgkin or Hodgkin Lymphoma (2ww referral)</b>	Unexplained lymphadenopathy of over 2 cm (persistent for > 6 weeks) and/ or palpable splenomegaly (includes male patients with axillary lymphadenopathy, female patients with axillary lumps should be referred via the Breast pathway)	<input type="checkbox"/>
<b>Urgent Investigations for myeloma</b> Offer FBC,U&Es, Ca and ESR to patients aged ≥50 with: <ul style="list-style-type: none"> <li>• New, severe and persistent bone pain (particularly back pain) or</li> <li>• Pathological fracture</li> </ul>		
<b>Myeloma</b> A paraprotein without other clinical or laboratory features of myeloma can usually be referred routinely, if unsure please seek advice from the Haematology team.	Protein electrophoresis / serum free light chain result suggests myeloma (with a comment on the report stating this), no other clinical or laboratory features but 2WW referral advised by Consultant Haematologist.	<input type="checkbox"/>
	Blood test(s) suggestive of myeloma (as above) and with any of the following hypercalcaemia, unexplained anaemia, unexplained renal impairment or new severe bone pain.	<input type="checkbox"/>
<b>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.</b>		<input type="checkbox"/>

**Referral letter**  
(please include any symptoms and examination findings)

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#{symptomsAndExaminationFindings}

Examination	
Hepatomegaly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Splenomegaly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lymph nodes – neck (give size in clinical information above)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lymph nodes – axilla (give size in clinical information above)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lymph nodes – groin (give size in clinical information above)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lymph nodes – other (give size in clinical information above)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other findings:	#{anyOtherExaminationFindings}

Anticoagulation status		
Is the patient currently on any anticoagulants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	#{anticoagulantsTextarea}
Is the patient currently on any antiplatelet medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	#{antiplateletsTextarea}

Relevant investigations		
FBC	#{fbcG}	<input type="checkbox"/>
U&E	#{renalFunctionG}	<input type="checkbox"/>
LFTs	#{lftGroup}	<input type="checkbox"/>
Calcium	#{calcium}	<input type="checkbox"/>
ESR	#{esrG}	<input type="checkbox"/>
Protein electrophoresis	#{proteinElectrophoresisG}	<input type="checkbox"/>
Serum free light chains	#{serumFreeLightChainsG}	<input type="checkbox"/>
Other	#{relevantInvestigations}	

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Performance status - WHO classification	
0 - Able to carry out all normal activity without restriction	<input type="checkbox"/>
1 - Restricted in physically strenuous activity, but able to walk and do light work	<input type="checkbox"/>
2 - Able to walk and capable of all self-care, but unable to carry out any work. Up and about more than 50% of waking hours	<input type="checkbox"/>
3 - Capable of only limited self-care, confined to bed or chair more than 50% of waking hours	<input type="checkbox"/>
4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair	<input type="checkbox"/>

## Consultations

#{additionalClinicalInfo}

## Past Medical History

#{medicalHistory}

## Family history

#{relevantFamilyHistoryOfCancer}

## Current Medications

#{medication}

## Allergies

#{allergies}

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**To be completed by the Hospital Data Team**

<b>Date of decision to refer</b>	
<b>Date of appointment</b>	
<b>Date of earliest offered appointment (if different to above)</b>	
<b>Specify reason if not seen at earliest offered appointment</b>	
<b>Periods of unavailability</b>	
<b>Booking number (UBRN)</b>	
<b>Final diagnosis: Malignant <input type="checkbox"/> Benign <input type="checkbox"/></b>	

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