DOB: NHS no:

PAN LONDON & SOUTH EAST SARCOMA NETWORK REFERRAL FORM

(FOR SUSPECTED SOFT TISSUE SARCOMA IN CHILDREN PLEASE USE THE PAN LONDON SUSPECTED CHILDRENS CANCER REFERRAL FORM)

Press the <Ctrl> key while you click here to view the Pan London Suspected Cancer Referral Support Guide

REFERRAL DATE:

Please email or send e-referral within 24 hours.
Fax is no longer supported due to patient safety and confidentiality risks.

Press the <Ctrl> key while you click here to view the list of hospitals you can refer to

Copy the hospital details from the webpage and paste them onto the line below.

☐ **SOFT TISSUE**	**Royal Marsden Hospital**
(All tumour sites)	http://www.lsesn.nhs.uk/files/contact-details.docx
☐ **SOFT TISSUE & BONE**	**Royal National Orthopaedic Hospital**
(Limb & trunk)	http://www.lsesn.nhs.uk/files/contact-details.docx
☐ **SOFT TISSUE**	**University College London Hospital**
(Non-limb/trunk: e.g. head & neck, retroperitoneal, abdominal,urology,breast, skin etc.)	http://www.lsesn.nhs.uk/files/contact-details.docx

PATIENT DETAILS				
SURNAME:	**FIRST NAME:**	**TITLE:**		
GENDER:	**DOB:**	**AGE:**	**NHS NO:**	
ETHNICITY:	**LANGUAGE:**			
☐ **INTERPRETER REQUIRED**	☐ **TRANSPORT REQUIRED**			
PATIENT ADDRESS:	**POSTCODE:**			
DAYTIME CONTACT☏:				
HOME☏:	**MOBILE☏:**	**WORK☏:**	**EMAIL:**	

CARER/KEY WORKER DETAILS		
NAME:	**CONTACT☏:**	**RELATIONSHIP TO PATIENT:**

COGNITIVE, SENSORY OR MOBILITY IMPAIRMENT			
☐ **COGNITIVE**	☐ **SENSORY**	☐ **MOBILITY**	☐ **DISABLED ACCESS REQUIRED**
PLEASE INCLUDE RELEVANT DETAILS:			

SAFEGUARDING
☐ **SAFEGUARDING CONCERNS**
PLEASE INCLUDE RELEVANT DETAILS:

DOB: NHS no:

GP DETAILS
USUAL GP NAME:
PRACTICE NAME: **PRACTICE CODE:**
PRACTICE ADDRESS:
BYPASS☏:
MAIN☏: **FAX:** **EMAIL:**
REFERRING CLINICIAN:

REASON FOR SUSPECTED CANCER REFERRAL

Press the <Ctrl> key while you click here to view Pan London Suspected Sarcoma Referral Guide

☐ **SUSPECTED SOFT TISSUE SARCOMA IN ADULTS**	☐ **SUSPECTED PRIMARY BONE SARCOMA IN CHILDREN AND ADULTS**
ALL SUSPECTED SOFT TISSUE SARCOMA IN CHILDREN SHOULD BE REFERRED TO THE LOCAL PAEDIATRIC SERVICE USING THE PAN LONDON SUSPECTED CHILDRENS CANCER REFERRAL FORM Press the <Ctrl> key while you click here to view Pan London Suspected Children's Cancer Referral Guide	
Specific body site:	**Specific body site:**
☐ **Refer the patient to a Sarcoma Diagnostic Service with a soft tissue mass which has one or more of the following features:** ☐ **Increasing in size** ☐ **Deep to fascia** ☐ **Painful** ☐ **Fixed/immobile** ☐ **> 5cm in size** ☐ **Imaging that suggests soft tissue sarcoma** ☐ **Other (please specify):** ☐ **Recurrence following excision (please specify):** ☐ **Normal or equivocal ultrasound but high clinical suspicion of sarcoma**	☐ **Refer the patient to a Sarcoma Diagnostic Service with an x-ray that is suspicious and showing the following features:** ☐ **Spontaneous fracture** ☐ **Bone destruction** ☐ **New bone formation** ☐ **Periosteal elevation** ☐ **Normal or equivocal x-ray but high clinical suspicion of bone sarcoma** ☐ **Bone swelling or tenderness** ☐ **Bone pain (including night pain and pain not responding to simple analgesia)**
☐ **Referral is due to CLINICAL CONCERNS that do not meet NICE/Pan-London referral criteria (the GP MUST give full clinical details in the 'additional clinical information' box at time of referral)**	☐ **Referral is due to CLINICAL CONCERNS that do not meet NICE/Pan-London referral criteria (the GP MUST give full clinical details in the 'additional clinical information' box at time of referral)**

IMAGING INVESTIGATIONS (please attach or send with form)		
Investigation	**Location of imaging department**	**Date of investigation**
☐ **X-RAY**		
☐ **USS**		
☐ **CT**		
☐ **MRI**		

Additional clinical information:

Personal/relevant patient information:

Past history of cancer:

Relevant family history of cancer:

- ☐ **I have discussed the possible diagnosis of cancer with the patient**
- ☐ **The patient has been advised and confirmed they will be available for an appointment within the next two weeks**
- ☐ **I have counselled the patient regarding the referral process and offered the pan-London information leaflet. Offering written patient information increases patient experience and reduces non-attendance. These are available in 11 different languages.**
  Press the <Ctrl> key while you click here to view the leaflet
- ☐ **This patient has been added to the practice suspected cancer safety-netting system**
  Press the <Ctrl> key while you click here to view Pan London Practice-based Suspected Cancer Safety Netting System

INVESTIGATIONS

Please ensure this referral includes ALL the relevant investigations including blood tests and imaging. If there are any pending test results that you have organised at the time of this referral please provide information including TYPE OF INVESTIGATION requested (bloods, imaging) and TRUST performing the tests in the box below.

HISTOLOGY REPORTS Please include date: and location of laboratory:

IMAGING STUDIES (in past 3 months) Please include date: and location:

RENAL FUNCTION (most recent recorded in past 3 months)

MEDICAL HISTORY

ALLERGIES

MEDICATION