URGENT SUSPECTED CANCER REFERRAL FORM
SUSPECTED CHILDREN'S CANCERS

Please refer to *CMCA Urgent Suspected Cancer Pathways for Children and Young People

As per NICE guidance referrals may be Immediate, Very Urgent (48 hours) or Urgent (2 weeks)
Please refer to local guidance on route of referral
If suspicion of leukaemia - follow immediate referral guidance by telephone to on call AHCH oncologist via switchboard 0151 2284811

For guidance on urgency of referral, consider telephone conversation with local paediatric consultant or on call oncologist, AHCH. Written guidance can be found:

- NICE NG12 Referral guidance for suspected childhood cancers
- cclg-referral-guidance-april-2021.pdf
- Urgent Suspected Cancer Pathways for Children and Young People, CMCA, 2025

PATIENT ENGAGEMENT – THIS IS A MANDATORY FIELD	
Has the patient, parent or guardian been counselled they are being referred to a suspected cancer service and the reason for referral? NICE ng12 guidance/ patient support Single Code Entry: Informed of reason for referral...	Yes ☐ No ☐
Has the patient, parent or guardian been given relevant written information about this referral? Single Code Entry: Provision of written information about 2 week wait referral	Yes ☐ No ☐
Is the patient available within the next 48 hrs /14 days? * If selected no, please explain why?	Yes ☐ No ☐
Have you checked all contact details are correct and informed that the initial appointment may be by telephone?	Yes ☐ No ☐

REFERRER DETAILS			
Referring GP	Free Text Prompt	GP Code	Usual GP Organisation National Practice Code
Usual GP	Usual GP Title Usual GP Forenames Usual GP Surname		
GP Address	Usual GP Full Address (single line)		
GP Tel. No.	Usual GP Phone Number		
GP secure email	Organisation E-mail Address		
Date seen by GP	Long date letter merged	Decision to refer date	Long date letter merged

PATIENT DETAILS					
Title & Surname	Title Surname		Forename(s)	Given Name	
Date of Birth	Date of Birth	Age	Age	Gender	Gender(full)
Address	Home Full Address (single line)				
Home Tel No.	Patient Home Telephone	Work Tel No.	Patient Work Telephone		
Mobile Tel No.	Patient Mobile Telephone	Patient email	Patient E-mail Address		
Parent / Guardian	Name Contact Telephone Relationship		Single Code Entry: Patient's next of kin Free Text Prompt Free Text Prompt		

REFERRAL INFORMATION
Main reason for referral (please explain why you think this child may have cancer) Free Text Prompt

Cheshire and Merseyside
Cancer Alliance

Please refer to Urgent Suspected Cancer Pathways for Children and Young People for fuller details		
Please Indicate with X type of Cancer suspected		Please add additional information of symptoms and/or signs
Abdominal Tumour Palpable abdominal mass or abdominal distension - Very urgent	☐	
Leukaemia- Pallor, fatigue, bruising, petechiae, hepatosplenomegaly - Immediate		
Lymphoma Enlarged lymph nodes fitting the criteria for referral - Urgent		
Bone Tumour Chronic pain, palpable mass - Urgent		
Soft Tissue Sarcoma Soft tissue mass lesion - Urgent		
Retinoblastoma Absent red reflex - Urgent	☐	
Brain or spinal tumour Symptoms of raised intracranial pressure, new squint - Immediate		
Skin Cancer Urgent		
Breast Meeting criteria for urgent suspected cancer referral - Urgent		
Thyroid Urgent		
Not sure / Other (please state)	☐	
Symptoms		**Detail of symptoms/Length of time**
Fatigue/malaise/lethargy	☐	Single Code Entry: Fatigue...
Unexplained Bone pain	☐	Single Code Entry: Bone pain...
Headache	☐	Single Code Entry: Headache
Vomiting/seizures	☐	Single Code Entry: Vomiting...
Behavioural change	☐	Single Code Entry: Normal behaviour...
Deterioration in school performance	☐	Single Code Entry: Deterioration in school performance
Unexplained visible haematuria	☐	Single Code Entry: Frank haematuria...
Ophthalmologic – absent red reflex	☐	Single Code Entry: Red reflex...
Weight loss	☐	Single Code Entry: Abnormal weight loss...
Fever	☐	Single Code Entry: Fever
Night sweats	☐	Single Code Entry: Night sweats
Persistent Infection	☐	Single Code Entry: Persistent infection
Unexplained bruising	☐	Single Code Entry: Bruising symptom

Unexplained bleeding	☐	
Newly abnormal cerebellar or other neurological function	☐	Single Code Entry: Neurological symptom changes...
Shortness of breath	☐	Single Code Entry: Dyspnoea
Pruritus	☐	Single Code Entry: Pruritus
Unexplained bone swelling	☐	Single Code Entry: O/E - bone abnormality
Other symptoms	☐	
Examination		**Details**
Lymphadenopathy	☐	Single Code Entry: Lymphadenopathy
Soft tissue mass	☐	Single Code Entry: O/E - soft tissue swelling
Fever	☐	Single Code Entry: Tympanic temperature
Abdominal Mass	☐	Single Code Entry: Abdominal mass
Hepatomegaly	☐	Single Code Entry: Hepatomegaly
Splenomegaly	☐	Single Code Entry: Splenomegaly
Pallor/signs of anaemia	☐	Single Code Entry: O/E - colour pale...
Neurological signs	☐	
Bruising	☐	Single Code Entry: O/E - bruising
Other Exam findings	☐	

INVESTIGATIONS Bloods CXR
Please attach if no merged information is pulled
Investigations

CULTURAL, MOBILITY STATUS AND ASSISTANCE REQUIREMENTS	
Does the patient have any Communication, Mobility or Safeguarding needs	Yes ☐ No ☐
Please detail if there are any reasonable adjustments needed or additional requirements	Free Text Prompt
If the patient requires Translation or Interpretation Services **Please give details**:	
What is the patient's preferred first language?	Main Language
Ethnicity	Ethnic Origin
Religion (if recorded)	Religion
Temporary resident	Yes ☐ No ☐
Overseas visitor	Yes ☐ No ☐

CLINICAL INFORMATION/HISTORY
Consultations
Problems
Values and Investigations
Medication
Allergies