

2 Week Rule Referral - Neuroblastoma

GP Details	
GP Name:	Telephone Number:
Practice:	Fax Number:
Date of Referral:	
Patient Details	
Name:	Date of Birth:
	Sex: M/F
Address:	NHS Number:
	Hospital Number:
Daytime Telephone :	<input type="checkbox"/> Please indicate by ticking the appropriate box(es) which number(s) the patient can be <input type="checkbox"/> Contacted on during the next 24 hours
Work Telephone:	
Mobile Telephone:	
Social circumstances	
Lives alone <input type="checkbox"/>	Is a carer for someone <input type="checkbox"/>
	Has a care package <input type="checkbox"/>

Your patient will be seen under the 2 week rule if one or more of the following criteria are present. Please tick the appropriate box(es) and add relevant details below.

Urgent referral

Child with

- Proptosis
- Unexplained back pain
- Leg weakness
- Unexplained urinary retention

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Wilm's tumour (all ages)

Immediate referral

- Abdominal mass with persistent/progressive abdominal distention

<input type="checkbox"/>

Urgent Referral

- Haematuria
- Suspicious symptoms unable to undertake abdominal examination

<input type="checkbox"/>
<input type="checkbox"/>

Current Medication
Relevant PMH
Additional Information
Please state if you are attaching a computer printout of this information Yes/No

Reference: NICE referral guidelines for suspected cancer June 2005
©These referral proformas were developed by The Local Referral and Management Guidelines Team
Western Sussex Hospitals NHS Trust, St Richard's Hospital . Chichester

All 2 week rule appointments for WSHT are managed and booked by the
Worthing Hospital 2 week rule team.

Please Fax this form to 01903 285098 or email it to
cancer.appointments@nhs.net