

2 Week Rule Referral - Soft Tissue Sarcoma (all ages)

GP Details	
GP Name:	Telephone Number:
Practice:	Fax Number:
Date of Referral:	
Patient Details	
Name:	Date of Birth:
Address:	Sex: M/F
	NHS Number:
	Hospital Number:
Daytime Telephone :	<input type="checkbox"/> Please indicate by ticking the appropriate box(es) which number(s) the patient can be 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

Patient presenting with unexplained mass with following features

- Deep to fascia
- Non-tender
- Progressively enlarging
- Enlarging regional lymph node
- Mass greater than 2 cm

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