

2 Week Rule Referral - Upper GI

Patient Details				
Name:	Date of Birth:			
Address:	Sex: M/F			
Daytime Telephone:	NHS Number:			
Work Telephone	Hospital Number:			
Mobile Telephone:	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> Please indicate by ticking the appropriate box(es) which number(s) the patient can be contacted on during the next 24 hours			
GP Details				
GP Name:	Telephone Number:			
Practice:	Fax Number:			
Date of Referral:				
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.

- Any patient with dysphagia
- Patient over 45 with unintentional weight loss with dyspepsia
- Patient over 45 with persistent vomiting/anorexia/ early satiety
- Patient over 45 with iron deficiency anaemia and dyspeptic symptoms
- Patient over 45 with painless obstructive jaundice
- Patient over 45 with persistent new onset dyspepsia (despite 1/12 therapy)
- Does the patient know their condition or suspected condition? Yes/ No

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