Western Sussex Hospitals NHS
NHS Foundation Trust

2 WEEK RULE NEUROLOGICAL (Brain & CNS Disorders) REFERRAL FORM

Patient Details	
Name:	Date of Birth:
	Sex: M/F
Address:	NHS Number:
	Hospital Number:
Daytime Telephone: ☐	Please indicate by ticking the appropriate
Work Telephone ☐	box(es) which number(s) the patient can
Mobile Telephone: ☐	be contacted on during the next 24 hours

GP Details

GP Name:	**Telephone Number:**
Practice:	**Fax Number:**
Date of Referral:	

Social circumstances

Lives alone € Is a carer for someone € Has a care package €

Symptoms:

Signs of progressive (over days or weeks):

Limb weakness ☐ Ataxia ☐
Visual impairment ☐ Dysphasia ☐

Focal seizures: with post-ictal deficit ☐
with progressive neurological signs ☐

Progressive recent headache: with vomiting ☐
with papilloedema ☐
(consider admission as an alternative if clinically indicated)

History of: cancer in the past 10 years: Melanoma ☐ Breast ☐
Renal ☐ Lung ☐

with new onset of: non-migraine headache ☐
or epilepsy ☐

Short clinical history and examination (including reasons for suspecting cancer):

Current Medication:

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