

2 Week Rule Referral - Haematology

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 contacted on during the next 24 hours
Work Telephone	
Mobile Telephone:	
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 €

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.

Immediate referral via A&E

- Blood count/film reported as acute leukaemia
- Spinal cord compression or renal failure suspected cause myeloma

Urgent referral

- Persistent unexplained splenomagaly

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