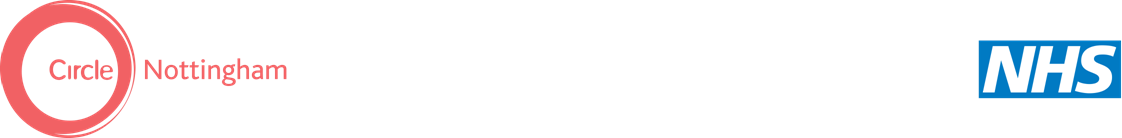
corporate logo

**Nottingham NHS Treatment Centre**

**Dermatology BCC**

Z018: Patient referral

**Known Bowen’s disease (IEC) or Actinic keratoses should be managed in primary care, see guidelines:**

<http://www.bad.org.uk/shared/get-file.ashx?id=40&itemtype=document> (Actinic Keratosis) <http://www.bad.org.uk/shared/get-file.ashx?id=1986&itemtype=document> (Bowens Disease)

If no appointment is available using the e referrals please select defer to provider.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 1 Patient information (Please complete in BLOCK CAPITALS)** | | | | |
| Surname:  First name:  Mr  Miss  Mrs  Ms  Other:  Date of birth: | | Date of referral:  NHS number:  UBRN:  Home telephone number: | | |
| Address:    Postcode: | | Mobile / daytime telephone number:  Transport: Yes  No  Mobility:  Interpreter: Yes  No  Ethnicity:  Language: | | |
| **Section 2 Practice information (Please use practice stamp if available)** | | | | |
| Referring GP: | | | | Locum: Yes  No |
| Practice address:    Postcode: | | Telephone:  Fax: | | |
| **Section 3 Clinical information (please ✓all applicable entries)**  **Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY** | | | | |
| **Characteristics:**  Ulcerated crusted or scabbed lesion  not healing  Pearly border  Histological diagnosis of BCC | **Location:**  Head or neck  Body  Please specify: | | **Risk factors:**  Previous BCC    Prolonged UV exposure  Immunosuppresion | |

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| --- |
| **Section 4 Past medical history** |
|  |
| **Section 5 Medication** |
|  |
| **Section 6 Additional clinical details** |
|  |
| **Section 7 Performance status** |
| ECOG PERFORMANCE STATUS (please tick one of the following statements about the patient)  0 – Fully active, able to carry on all pre-disease and performance without restriction  1 – Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature e.g light house work, office work  2 – Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours    3 – Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours  4 – Completely disabled. Cannot carry out any selfcare. Totally confined to bed or chair. |

|  |
| --- |
| Discussed urgent suspected cancer referral with patient: Yes  No |
| Is the patient aware they have been referred on the “2 Week Wait” pathway?: Yes  No |
| Does the patient have any holiday plans within the next 2 months: Yes  No  If yes, please give details: |

|  |
| --- |
| Any Communication Needs |

|  |
| --- |
| **Hospital use only:** |
| Date referral received: |
| Patient contacted: |

It is important the relevant information sheet is given to the patient when they are referred under the 2ww priority.

The latest patient information sheets were updated in April 2010 in line with NICE guidance. To download the patient information sheets, please click on the link: <http://www.nottinghamchooseandbook.nhs.uk/index.php/county-two-week-wait/17-county-2ww-patient-information-sheets>

Nottingham University Hospitals CircleNottingham

Two Week Wait Office Nottingham NHS Treatment Centre

Nottingham Cancer Centre Queen’s Medical Centre Campus

City Hospital Campus Lister Road

Hucknall Road Nottingham NG7 2FT

Nottingham NG5 1PB **T**: 0115 970 5800 extension 10011

**T:** 0115 840 5801 **F**: 0115 978 8765

**F:** 0115 840 5802 **Contact:** Amie.wright@circlenottingham.co.uk

**E:** TwoWeekWaitOffice@nuh.nhs.uk circlenottingham.co.uk

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