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| **NWAngliaFT RAPID DIAGNOSTIC SERVICE (RDS+) REFERRAL FORM**  Date of decision to refer: Date Referral received: No. of pages sent: |

**NOTE: This form is NOT for use for patients under 16**

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| **INFORMATION PROVIDED TO PATIENT (To be provided by referring Clinician) please complete:** | | |
| Has the patient had a test that suggests Cancer is likely? | **Please give details:** | |
| Has the patient been informed that Cancer is likely? **Please ensure they are aware.** | | Y/N |
| Does the patient fit on an existing 2 week wait pathway? **Only continue with this referral if the answer is NO, thank you.** | | Y/N |
| Has the patient been given written information regarding the diagnostic (RDS+ pathway)? | | Y/N |
| Is the patient aware that they **may** go straight to diagnostic tests after being ‘virtually triaged’ by the RDS+ team, before being seen? | | Y/N |
| Has the patient confirmed they can be available for tests as required? | | Y/N |

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| **PATIENT DETAILS** – **Must provide current telephone number** | | | | | |
| Last name: |  | First name: | Email: | | |
| Gender: |  | DOB: | NOK Contact: | | |
| NHS No: |  | | | | |
| Address: |  | | | | |
| Tele (Day): |  | | Tele (Evening): | | |
| Mobile No: |  | | Patient happy for a message to be left | | Y/N |
| **GP DETAILS** | | | | | |
| GP name: | Import GP details from EMIS/System 1 | | | | |
| Practice Code: |  | | | | |
| Address: |  | | | | |
| Telephone: |  | | | | |
| Practice email: |  | | | | |
| **RDS+ INCLUSION CRITERIA – REASON FOR REFERRAL** | | | | | |
| 1. Symptoms which may represent malignant disease but **DO NOT FIT existing 2WW pathway** (NICE NG12). | | | | Y/N | |
| 1. Investigations undertaken in the community suggestive of **CANCER OF UNKNOWN PRIMARY (CUP)** | | | | Y/N | |
| 1. Unexplained persistent non – tender lymphadenopathy (consider Breast and H&N pathways first) | | | | Y/N | |
| **EXCLUSIONS – ALREADY UNDER INVESTIGATION/REFERRAL TO SUSPECTED CANCER PATHWAY** | | | | Y/N | |

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| **WHO PERFORMANCE STATUS** | | select one |
| 0 | Fully active, able to carry on all pre-disease performance without restriction |  |
| 1 | Restricted in physically strenuous activity but ambulatory and able to carry out  Light / sedentary work, e.g. house or office work. |  |
| 2 | Ambulatory and capable of self-care, but unable to carry out work activities.  Up and active more than 50% of waking hours. |  |
| 3 | Capable of only limited self-care. Confined to bed or chair more than 50% of waking hours. |  |
| 4 | Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair. |  |

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| **Clinical Frailty Score:** | | | | | | | | | |
| Please tick a score of frailty –as per the descriptors below: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 – **Very Fit:** People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.  2. **Well:** People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.  3. **Managing well:** People whose medical problems are well controlled, but are not regularly active beyond routine walking.  4. **Vulnerable:** While not dependent on others for daily help, often symptoms limit activities. A common complaint is being ‘slowed up’ and/or being tired during the day.  5. **Mildly frail:** These people often have more evident slowing, and need help in high order ADL’s. Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.  6. **Moderately frail**: People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and bathing and might need minimal assistance with dressing.  7. **Severely Frail:** Completely dependent for personal care, from whatever cause (physical or cognitive). Not at risk of dying within 6 months.  8. **Very severely Frail:** Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.  9. **Terminally ill:** Approaching the end of life. This category applies to people with a life expectancy <6 months.  **Scoring frailty in people with Dementia:**  The degree of frailty corresponds to the degree of dementia.  **Mild dementia**: Forgetting details of recent events, repeating the same question/story and social withdrawal. **Moderate dementia:** Recent memory very impaired, can recall some past life events well. Personal care with prompting. **Severe dementia:** Cannot do personal care without help. | | | | | | | | | |

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| **ADDITIONAL CONSIDERATIONS**  If yes to any of the below – please give details: | | | |
| Transport required? | **Y/N** | | **Detail any relevant information:** |
| Language/Hearing difficulties? | **Y/N** | |
| Learning difficulties? | **Y/N** | |
| Mental capacity concerns? – please detail in box (LPA etc) | **Y/N** | |
| Known safeguarding concerns? As above |  | |
| Mobility requirements (unable to climb on/off bed)? |  | |
| **BACKGROUND INFORMATION/RISK FACTORS – please give details** | | | |
| BMI | | Smoker/ex-smoker | |
| Alcohol | | Interpreter required | |
| Relevant family history | | Other please specify: | |

**Clinical Triage is a crucial element of assessment so please give as much information in the following section to ensure a smooth pathway and ensure ALL pre-referral tests are requested.**

**REFERRALS THAT ARE INCOMPLETE, LACKING INFORMATION OR NO ABNORMALITY DETECTED WILL BE REJECTED.**

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| **ESSENTIAL FILTER TESTS AND INVESTIGATIONS** | | | |
| It is mandatory to undertake appropriate blood tests before referral, please tick the box to confirm they have been done, where being referred into the service.  Some patients will be picked at point of abnormal test being triaged by RDS+ team – they will then arrange filtering tests as part of staging work up. | | | |
| FBC and clotting | **Y/N** | ESR/CRP | **Y/N** |
| U&E’s/eGFR/LFT’s | **Y/N** | TFT’s, Glucose, HBA1c if diabetic | **Y/N** |
| CXR - if clinically indicated | **Y/N** | Bone profile | **Y/N** |

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| **CLINICAL INFORMATION (OR ATTACH LETTER)** |
| **This referral will be triaged as part of the RDS triage service. Please provide a full clinical history and results of recent tests, as this will help triage and plan further investigations in a timely and effective manner.**  PATIENT MEDICAL HISTORY**:** Existing conditions (please list or attach summary)  Current medication (please list or attach list with indications)  Allergies: Anticoagulants/ Antiplatelets Immunosuppressants Please give details:  Any additional tests taken, not listed above, of relevance: |