

SUSPECTED MALIGNANCY : URGENT REFERRAL

SKIN

PRO-FORMA FOR 14 DAY APPOINTMENT

Please Fax Referral to 01384 244082

Referral to: **Member of Skin Cancer Team** ☐

Date of Referral:

Patient details

NHS number:

Surname:

First names:

Address:

Hospital number (if known):

Maiden name:

Marital status: S M W D () Gender: M/F ()

Home telephone:

Work telephone:

Date of birth:

Country of birth:

GP contact details

Referring GP name:

PCG Code:

Address:

Registered GP name:

PCG Code:

Address:

Telephone number:

Fax number:

Suspected diagnosis

Diagnosis confirmed on biopsy

Yes ☐ No ☐ (please enclose report)

Please complete one of the following sections:

Malignant Melanoma ☐

Squamous Cell Carcinoma ☐

Melanoma

Location of lesion:

Characteristics:- Over the last 8 weeks

2 Points

Growing in size ☐

Irregular shape ☐

Changing colour ☐

1 Point

Diameter 7mm or more ☐

Inflammation ☐

Oozing ☐

Change in sensation ☐

Total score

Excessive UV exposure ☐

Squamous Cell Carcinoma

Location of lesion:

Characteristics:- Over the last 8 weeks

Crusting / non healing lesion ☐

Subcutaneous component ☐

Larger than 1cm ☐

Risk factors

Prolonged UV exposure ☐

Immunosuppression ☐

I have informed the patient of the suspected cancer ☐

I understand that if the lesion is clinically benign, the patient will be reassured and discharged back to Primary Care ☐

G.P. Signature:

Date Decision to Refer to NHS Trust:

DATE REFERRAL RECEIVED.....LETTER / FAX / TELEPHONE

DATE OF APPOINTMENT.....TIME.....Number of days.....

NOT TO BE FAXED - FOR G.P. INFORMATION ONLY

Malignant Melanoma (MM) or Squamous Cell Carcinoma (SCC) of the skin
Referral guidelines and proforma for General Practitioners

Please use the reverse of this document to refer patients with suspected or proven MM or SCC of the skin, to ensure the patient can be seen by a Consultant Dermatologist or Consultant Plastic Surgeon within two weeks of receipt of the referral letter.

Please note, patients with suspected Basal Cell Carcinoma (BCC) will NOT be accepted on this proforma. If a referral is received by Rapid Access, it be sent directly back to the GP. If there is clinical urgency, then an urgent referral should be sent to the Consultant directly.

The following are indications for referral, as indicated in the NICE Guidelines

Malignant Melanoma – 3 Points or more

If the patient has a new or existing pigmented lesion which is:
Any one of these changes is an indication for referral.

| | 2 Points |
|-----------------|--------------------------|
| Growing in size | <input type="checkbox"/> |
| Irregular shape | <input type="checkbox"/> |
| Changing colour | <input type="checkbox"/> |

| | 1 Point |
|----------------------|--------------------------|
| Diameter 7mm or more | <input type="checkbox"/> |
| Inflammation | <input type="checkbox"/> |
| Oozing | <input type="checkbox"/> |
| Change in sensation | <input type="checkbox"/> |

Squamous Cell Carcinoma

If a non-healing ulcer is present with a significant subcutaneous depth and documented expansion over 1-2 months then this is an indication for referral.

General Practitioners are reminded that the parallel Plastic Surgery/Dermatology clinic is on a Tuesday, All Day.

Please tick and fill in the appropriate boxes overleaf.