

Suspected Head and Neck Cancer Referral Form



THE ROYAL VICTORIA
EYE AND EAR
HOSPITAL DUBLIN

Send via Healthlink, Email : rapidaccessheadandneck@rveeh.ie

or Post to ENT appointments, Central Appointments Office, Royal Victoria Eye and Ear Hospital, Adelaide Road, Dublin 2

Patient Details	
Surname:	Date of Birth:
Forename(s):	Gender:
Address:	Telephone Number(s)
GP Details	
Referring GP:	GP Tel No:
Practice Name:	Practice Email Address:
Practice Address:	Date of decision to refer:
MCRN:	
First language:	
Interpreter required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wheelchair assistance: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Level of Cancer Concern
<input type="checkbox"/> "I'm very concerned that my patient has cancer" <input type="checkbox"/> "I'm unsure, it might well be cancer but there are other equally plausible explanations."
Reasons for referring Please detail patient and relevant family history, examination and investigation findings, your conclusions and what needs excluding or attach referral letter.

Referral Criteria	
Suspected Head and Neck Cancer Symptoms <input type="checkbox"/> Persistent unexplained hoarseness i.e. >3 weeks <input type="checkbox"/> An unexplained lump in the neck i.e. of recent onset or a one changed over a period of 3 – 6 weeks. <input type="checkbox"/> Unexplained ulceration of the oral cavity or mass persisting for more than 3 weeks, <input type="checkbox"/> Unexplained progressive dysphagia to solids, with/without weight loss <input type="checkbox"/> An unexplained persistent swelling in the parotid or submandibular gland <input type="checkbox"/> An unexplained persistent sore throat especially in those with risk factors <input type="checkbox"/> Referred otalgia with normal examination/tympanogram, with any of the above symptoms <input type="checkbox"/> Unexplained persistent unilateral serous otitis media/ effusion in a patient aged over 18 <input type="checkbox"/> Unexplained new or rapidly enlarging Thyroid lump <input type="checkbox"/> Large or rapidly progressive skin lesion of the Head and Neck	Risk Factors <input type="checkbox"/> Smoking Per day _____ Pack year _____ <input type="checkbox"/> Ex-smoker When quit _____ <input type="checkbox"/> Alcohol Units per week _____ <input type="checkbox"/> Family History Details _____

Clinical Summary	
Clinical History (significant past and current medical history):	Allergy Status:
Current medication:	

For Hospital to complete: Received Date: 2 Week wait clinic <input type="checkbox"/> Head & Neck Clinic – Urgent <input type="checkbox"/> Soon <input type="checkbox"/> Routine <input type="checkbox"/>	Date appointment offered: Reason why patient did not accept first appointment offered:
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