**LUTON COMMUNITY CANCER CARE TEAM REFERRAL FORM**

**Unit 2-3 The Poynt, Poynters Road, Luton, LU4 0LA**

**Email all referrals to:** ccs-tr.lutonRMSreferrals@nhs.net **Telephone Number:** 0333 405 3000

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| **ALL SECTIONS OF THIS FORM MUST BE COMPLETED BEFORE THE REFERRAL CAN BE ACCEPTED****All patients that are referred MUST have a CANCER DIAGNOSIS****Patients may receive a one-off assessment, intervention or signposting, or may be accepted onto the Cancer Clinical Nurse Specialists caseload, either short term or long term dependent upon need.** **If patients require bloods they can be referred to the Phlebotomy service.** |
| **Referrals accepted Mon – Fri 8am – 4pm Date:**  |
| **Patients Name:**  | **Known As:**  |
| **Address:** **Postcode:**  | **DOB:**  |
| **Telephone Number:**  | **Email:**  |
| **Is the patient aware of the referral? Yes ❒ No ❒ *(Referral will only be accepted if Patient has consented)*****Is the patient aware of their diagnosis?Yes ❒ No ❒****Is carer aware of diagnosis? Yes ❒ No ❒** |
| Access Lone Worker Issue to be aware of? Yes ❒ No ❒Details:  |
| **NHS Number:**  | **DIS: Hospital Number:**  |
| **Ethnic Origin:**  | **Religion:** | **Interpreter Required?** If yes, Specify: |
| **Patient’s Carer / Next of Kin (Relationship)**  |
| **Address if different from above:**  | **Telephone Number:**  |
| **GP Practice:**  | **Telephone Number:**  |
| **Consultant:** **Treatment Centre:**  | **Hospital:****Telephone Number:**  |
| **MEDICAL INFORMATION:** ***Please attach relevant information such as clinic letters, discharge letters to support referral*** **Diagnosis:****Treatment:** Chemotherapy ❒ Immunotherapy ❒ Radiotherapy ❒ Surgery ❒ **Details** *(if chemo, please specify the type of chemo)***:** **Performance Status (WHO) : 1** ❒ **2** ❒ **3** ❒ **4** ❒ |
| **Relevant PMH:**  | **Please list all current medication:**  |

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| **URGENCY OF REFERRAL *(please tick)*  Red ❒ Amber ❒ Green ❒** |
| **Red** | **Amber** | **Green** |
| Patients with intolerable side effects of treatment. UKONs flagged amber and green Oncology patients. (daily discussion with L&D acute oncology service) | Patients that are having routine treatments and non-emergency symptom control.Delay in treatment needing CVAD care | Patient routine advice & information. Psychological support. Signposting.Career support. |
| These patients will be contacted on the day of the referral. | These patients will be contacted within 2 working days of the referral. | These patients will be contacted within 5 working days of the referral. |
| **Please note: Incomplete referrals cannot be accepted. Please provide as much information as possible to support the referral/request. Also last HNA****REASON FOR REFERRAL – Please give any further information below****Symptom Control** ❒ **Psychological Care**❒ **Social Care** ❒ **CVAD Care** ❒  **Other** ❒ |
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| **Expectations for Referral to Luton Community** **Cancer Care Team:** | **Referrer’s Name:** **Contact Details:** |

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| **Luton Community Cancer Care Team Use Only** |
| **Referral Received****Date/Time:**  | **By:**  |
| **Referral Accepted: Yes ❒ No ❒ Action taken if declined:**  |
| **Registered on System1: 🞎** | **Date Patient Contacted:**  |