

## URGENT REFERRAL FOR SUSPECTED LUNG CANCER

**Please tick for which site**

|  |   |   |
|--|---|---|
| Wansbeck General Hospital<br><br>Dr ET Peel <input type="checkbox"/><br>Dr Mark Weatherhead <input type="checkbox"/> | Hexham General Hospital<br><br>Dr A J Wright <input type="checkbox"/> | North Tyneside General Hospital<br><br>Dr ET Peel <input type="checkbox"/><br>Dr O A Afolabi <input type="checkbox"/> |
|--|---|---|

|  |  |
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| Name:.....<br>D.O.B...../...../.....<br>Address:.....<br>.....<br>NHS No.....<br>Tel No..... | Referred by:.....<br>Address:.....<br>.....<br>.....<br>Date of Referral:...../...../..... |
|--|--|

|                                 |                |  |
|---------------------------------|----------------|--|
| <b>Smoking History:</b>         | <b>C.O.P.D</b> | FEV <sub>1</sub> litres (if available) |
| Smoker / Ex-Smoker / Non-Smoker | Yes / No       | FVC litres                             |
|                                 |                | Peak Flow litres/min                   |

|   |   |
|---|---|
| <b>Reason for referral:</b>   |   |
| <b>Symptoms</b><br>Cough <input type="checkbox"/><br>Haemoptysis <input type="checkbox"/><br>Dyspnoea <input type="checkbox"/><br>Chest Pain <input type="checkbox"/><br>Hoarseness <input type="checkbox"/><br>Other <input type="checkbox"/><br><br>If other, please specify: | <b>Duration</b><br>.....weeks .....months<br>.....weeks .....months<br>.....weeks .....months<br>.....weeks .....months<br>.....weeks .....months<br>.....weeks .....months |

|  |              |
|--|--------------|
| <b>Radiologists report or attach copy of report.</b> | <b>Date:</b> |
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|---|
| <b>Other important medical problems</b> |
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| <b>Information given to patient</b> |
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**PLEASE APPEND PRINTOUT OF CURRENT MEDICATION**