

***** TWO WEEK WAIT *****
REFERRAL FOR SUSPECTED SKIN CANCER

North & North East Lincs community dermatology service

Please help us by **typing** rather than hand writing your referral. Please complete all sections and fax to **01482 638 662** or by email VCL.NLDermatology@nhs.net the title should state 'Urgent – 2WW referral'.

<https://www.nice.org.uk/guidance/qs130>

Patient details		Referring practitioner	
First name:		GP name:	
Surname:		Address:	
Address:			GP t:
Date of birth:		Safe Haven fax:	
NHS number:		Date of referral:	
Ethnicity:			
t:			
m:		Signature:	

Relevant History (please complete and tick appropriate boxes)

Suspected Squamous Cell Carcinoma		Suspected Melanoma	
Location:		Location:	
Size:		Size:	
Duration:		Duration:	
Crusted with significant induration	<input type="checkbox"/>	Major features	Minor features
Documented expansion > 8 weeks	<input type="checkbox"/>	Growing in size	<input type="checkbox"/>
Histological diagnosis of SCC*	<input type="checkbox"/>	Irregular shape	<input type="checkbox"/>
New/rapidly growing lesion	<input type="checkbox"/>	Irregular colour	<input type="checkbox"/>
Crusting/Non healing lesion	<input type="checkbox"/>	Risk factors	Oozing
Risk factors		Family history	<input type="checkbox"/>
Prolonged UV exposure	<input type="checkbox"/>	Multiple naevi	<input type="checkbox"/>
Immunosuppression	<input type="checkbox"/>	Fair Skin	<input type="checkbox"/>
Diagnosis			
Confirmed on biopsy*	<input type="checkbox"/>		
Report enc	<input type="checkbox"/>		

*should not be undertaken in primary care. (Please do not refer suspected basal cell carcinomas on this form).

Additional information

Has patient been told of suspicion of cancer: Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments, including significant history and current medication:



Virgin Care

w: www.virginicare.co.uk

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