

Referral Proforma

Patients will only be accepted for the Rapid Access Clinic if **ALL** the information requested is supplied. ie every field must be completed

Patient's Name

DoB

Address

Post code

Home phone number

Work phone number

GMP Name

GDP Name

Address

Address

Phone no

Phone no

Risk Factors

Smoking

No of cigarettes/day

Duration of habit

Alcohol

Units per week

Spirits/wine/beer

Medical History

(This should be as comprehensive as possible and must include any previous history of malignant disease)

White Patch

Duration

Predisposing factors

Isolated lesion Multiple lesions

Persistent Recurrent

Site

Size

Recent increase in size No Yes

Pain No Yes

Discharge No Yes*

* If yes, describe nature of discharge

Haemorrhage No Yes

Altered sensation No Yes*

* If yes, describe nature and distribution

Induration No Yes

High Density No Yes

Speckling No Yes

Ulceration No Yes*

* If yes, describe appearance

Lymphadenopathy No Yes

Any other relevant observations

Ulceration

Duration

Predisposing factors

Isolated lesion Multiple lesions

Persistent Recurrent

Site

Size

Pain No Yes

Haemorrhage No Yes

Altered sensation No Yes*

* If yes, describe nature and distribution

Induration No Yes

Lymphadenopathy No Yes

Base Homogenous No Yes

Granular No Yes

Margin – Rolled/hyperplastic No Yes

Flat No Yes

Any other relevant observations

Swelling

Duration

Predisposing factors

Isolated lesion Multiple lesions

Persistent Recurrent

Site

Size

Rapid increase in size No Yes

History or evidence of infective aetiology No Yes

Pain No Yes

Haemorrhage No Yes

Fixed No Yes

Pedunculated No Yes

Sessile No Yes

Altered sensation No Yes*

* If yes, describe nature and distribution

Texture Induration No Yes

Fluctuant No Yes

Ulceration of surface No Yes

Lymphadenopathy No Yes

Any other relevant observations