KING EDWARD VII's HOSPITAL

SUSPECTED COLORECTAL CANCER URGENT REFERRAL FORM

All patients will be seen within 48 hours by a colorectal surgeon

5-10 Beaumont Street, Marylebone, London W1G 6AA
Tel: 020 7467 4344 Email: enquiries@kingedwardvii.co.uk

Title: **Hospital Number:**

***Forename:** ***Surname:**

***DOB:** **Telephone:**

***Address:**

☐ Insurance ☐ Corporate Account
☐ Self-Pay ☐ Other

- **King Edward VII does not accept patients under 18 years of age**
- **Insured patients are asked to obtain pre-authorisation before their appointment**
- **Self-Pay patients are required to settlethe account on the day**
- **Please bring any previous imaging for comparison**

Referral criteria and information

Please consider referring any patient if they meet the following criteria for a possible colorectal cancer:

☐ Aged 40+ unexplained weight loss and abdominal pain
☐ Aged 50+ with unexplained rectal bleeding
☐ Aged 50+ with Positive FIT tests

Aged 50+ with:
☐ iron deficiency anaemia
☐ changes in their bowel habit
☐ tests show occult blood in their faeces

☐ Adult with rectal or abdominal mass

Adult aged under 50 with rectal bleeding and any of the following unexplained symptoms or findings:

☐ abdominal pain
☐ change in bowel habit
☐ weight loss
☐ iron deficiency anaemia

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for anal cancer in people with:

☐ An unexplained anal mass or unexplained anal ulceration

Past medical history / screening information:

Diabetes	No ☐	Yes ☐
IHD	No ☐	Yes ☐
Hypertension	No ☐	Yes ☐
Previous Endoscopy	No ☐	Yes ☐

Medications (please enclose)

On Clopidogrel	No ☐	Yes ☐
On Warfarin	No ☐	Yes ☐
On NSAID's	No ☐	Yes ☐

Examination Findings:
Abdo exam:
PR exam:

Is this patient fit to go straight to test?: ☐

Referrer's Declaration

- The correct details have been provided
- I have discussed the examination, including any intervention with the patient / guardian
- I will ensure the examination results are recorded in the patient record

***Full Name:**

Address:

Telephone:

***Signature:**

***Date**