**2 Week Rule Referral for Children aged Sixteen and Under**

**Please use Tumour-specific form to refer Young Adults over Sixteen**

Patient Leaflet: <https://bswccg.nhs.uk/for-clinicians/primary-care-documents/1058-two-week-wait-appointment-leaflet/file>

|  |
| --- |
| **Patient Details** |
| Name: | <Patient name> (<Gender>) | Date of Birth: | <Date of birth> |
| Address: | <Patient address> | Sex: | <Gender> |
| NHS Number: | <NHS number> |
| Hospital Number: |       |
| Home Telephone: | <Patient contact details> | [ ]  | ***Please indicate by ticking the appropriate******box(es) which number(s) the patient can******be contacted on during the next 24 hours*** |
| Work Telephone: | <Patient contact details> | [ ]  |
| Mobile Telephone: | <Patient contact details> | [ ]  |

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| **GP / Referrer Details** |
| Name | <Sender name> | Date of Referral | <Todays date> |
| Practice | <Sender details> |  |  |
| Address | <Sender address> | Telephone | <Sender details> |
|  |  |

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| **Responsible Adult Details** |
| Name: |       | Contact Number: |       |
| Relationship: |       |  |  |
| [ ]  | Member of Military Family |
|  |  |

**Please refer to the Network Referral Guidelines for Suspected Cancer in Children and Young People if you suspect a child aged Sixteen or younger may have cancer. Please phone and discuss with the relevant consultant before emailing this form.**

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| **I think the above child may have a malignancy because:**      <Event Details> |
| **I Discussed This Child With:** (Please phone and discuss with Paediatric consultant before sending referral) |
| Name:        | Date: <Today's date> |

**Medical Problems:**

|  |
| --- |
|      <Problems><Summary> |

**Allergies:**

|  |
| --- |
| <Allergies & Sensitivities> |

**Medication:**

|  |  |
| --- | --- |
| Acutes | <Medication> |
| Repeats | <Repeat templates> |

**Please send referral via e-RS after discussion with either Dr Phil Ridley / Dr Rowena Staples/ Paediatric Consultant of the week on 01722 425271.**