Wirral Familial Risk Colonic Screening Clinic (FRSC) Referral Form

**(N.B. This is not for patients who have bowel symptoms)**

***PLEASE USE THE ELECTRONIC E-REFERRAL SYSTEM TO DIRECTLY BOOK APPOINTMENT – THE PROFORMA NEEDS TO BE ATTACHED TO THE UBRN WITHIN 24 HOURS***

Telephone Contact No. for Booking Queries: 0151 604 7720

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REFERRER’S DETAILS** | | | | |
| **Referring GP** |  | | **GP Code:** | |
| **Registered GP** |  | | | |
| **GP Address & postcode** |  | | | |
| **GP Tel. No.** |  | | | |
| **GP Fax. No.** |  | | | |
| **Date seen by GP:** |  | **Decision to refer date:** | | |
| **PATIENT DETAILS** | | | | |
| **Title & Surname** |  | **Forename(s)** | | |
| **D.O.B.** |  | **AGE:** | | **Gender:** Male**☐** Female**☐** |
| **Address** |  | | | |
| **Postcode** |  | **\*Tel. No. (day)** | | **Mobile Tel.** |
| **\*Tel. No. (evening)** |  | **NHS No.** | | **Hospital No.** |
| **Relevant Medical history**  ***For patients with polyps please provide additional information size/type number etc.*** | | | | |
| What is the patient’s preferred first language? ………………………………………………..  Does the patient require Translation or Interpretation Services? YES ☐ NO ☐ ………………………………………  Please list any hearing or visual impairments requiring specialist help (Sign language, Braille, Loop Induction systems) ………………………………………………………………………………………………………  Is Disabled Access Required? YES ☐ NO ☐ Is transport required? YES ☐ NO ☐ ………………………  **N.B. Individuals over the age of 65 with family history of bowel cancer do not qualify for family history screening as their risk is almost similar to the general population**  **'Wirral Familial Risk Colonic Screening Clinic' (FRSC**)  Who is for family History screening?   * Individuals or families with risk of developing CRC of **1:10 or greater** (see table below ) * Family history of colonic polyps is anindication for screening depending on level of risk (see table) | | | | |

|  |  |
| --- | --- |
| **DEFINITION OF RISK** |  |
| Population risk  One first degree relative affected over 50  One first and second degree relative affected  One first degree relative affected under 50  Two first degree relatives affected  Dominant pedigree – Familial Polyposis (FAP)  Hereditary Non-Polyposis Colonic Cancer (HNPCC)   * +/- LYNCH syndrome * 3 family members, 2 must be first degree relatives of 3rd * CRC must span at least 2 generations * At least one of the cases must be less than 50 years | 1:50  1:17  1:12  **1:10**  **1:6**  **1:2**  **1:2** |

**Please complete the table to the best of your knowledge. It is important that we obtain as accurate information as possible regarding family history.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Relation** | **Bowel cancer or Polyps** | **Other**  **cancer - Sites** | **Age at diagnosis** |
| First Degree  Example: Mother, Father, Sister, Brother |  |  |  |
| Second degree  Example: Grandparents, Auntie, Uncle |  |  |  |
| Third Degree  Example: Cousins etc. |  |  |  |

Generally screening where there is a family history will commence at the age of 40 or 5 years younger than the earliest diagnosis in the affected relative except in dominant pedigrees when screening will commence at the age of 16.

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received | 1st Apt date | Date seen | Comments |
|  |  |  |  |
| Outcome | Benign | Malignant | Date |

**If you are in doubt, please phone the colorectal specialist nurse on 0151 604 7189**