NATIONAL PIGMENTED LESION GP REFERRAL FORM

National Cancer Control Programme

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

A patient with a suspected melanoma may be referred to a consultant dermatologist or plastic surgeon for diagnosis. All patients with a confirmed melanoma should be discussed at the melanoma or skin cancer MDT at the Cancer Centre for Further Management.

Patient Details

Surname: _____

First Name: _____ DOB: _____

Address: _____

_____

Mobile No: _____ Tel day: _____

Tel evening: _____

Hospital No. (if known): _____

First language: _____ Interpreter required: Yes ☐ No ☐

Gender: Male ☐ Female ☐ Wheelchair assistance: Yes ☐ No ☐

General Practitioner Details

Name: _____

Address: _____

_____

Telephone: _____ Mobile: _____

Fax: _____

GP Signature: _____ Date of Referral: _____

Medical Council Registration No.: _____

Referral Information (please tick relevant boxes):

Is this a pigmented lesion?

☐ Yes ☐ No

Site: _____ Size: _____ mm

Duration of symptoms

_____ (weeks)

Do you think this is:

☐ A likely melanoma

☐ A changing mole – requires assessment

☐ A benign mole, but would like an opinion

☐ Ugly duckling sign (*Mole or lesion which looks different than the patient's other moles*)

☐ Other *(please specify)* _____

MELANOMA CHARACTERISTICS:

The ABCDE Lesion System

☐ **A** **A**symmetry in two axes

☐ **B** Irregular **B**order

☐ **C** At least two different **C**olours in lesion

☐ **D** Maximum **D**iameter >6mm

☐ **E** **E**volution of lesion

☐ Atypical moles

☐ A large number of moles (>50)

☐ Fair complexion e.g. fair skin, blue eyes, red/blond hair

☐ A previous melanoma or other non-melanoma skin cancer

Risk Factors

☐ Immunosuppresion

☐ A family history of melanoma

☐ History of childhood sunburn

☐ Sun bed exposure

Past medical history:

Anticoagulants: Yes ☐ No ☐

Aspirin ☐ Plavix ☐ Warfarin ☐ Other ☐

If yes please specify _____

Allergies: Yes ☐ No ☐ _____

If yes please specify

Comments:

FOR HOSPITAL USE:

Date of referral receipted: _____

Date of appointment offered: _____ Dates patient available: _____

Reason patient did not accept first appointment offered: _____

Skin Team Triage

☐ Urgent referral

☐ Soon

☐ Routine referral

Triaged by: _____

Additional forms can be obtained by ringing the NCCP on (01) 8287100 or at www.cancercontrol.hse.ie

Version 2.0, January 2013, NCCP COM 032-01