**Consultant Upgrade Request Form**

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| **For Use To Upgrade a Patient from a Routine to an Urgent Suspected Cancer Pathway** | | | | | | |
| **Patient Details** | | | | | | |
| **Forename** |  | | **Surname** | | |  |
| **NHS No** |  | | **D.O.B** | | | Click here to enter a date. |
| **Upgrading Clinician Name** |  | | **Grade** | | | Choose an item. |
| **Upgrading Clinician Contact Details** | 📧 | | | ☎ | | |
| **Speciality**  **Upgrading To** | Choose an item. | | **Hospital Site** | | | Choose an item. |
| **Date of Upgrade** | Click here to enter a date. | | **Virtual Signature  [** **📧 Email]** | | |  |
| **Upgrade Point** | Choose an item. | | | | Choose an item. | |
| **Reason for Upgrade** |  | | | | | |
| **Suspected Diagnosis From** | Choose an item. | | | | | |
| **Diagnostic Investigations Requested at time of this Referral** | Choose an item. | | | | | |
| **Referred for MDT Discussion** | Choose an item. | | | | Choose an item. | |
| **Tests Completed or Ordered for Patients** |  | |  | | |  |
| **Referred by** |  | | **Grade** | | | Choose an item. |
| **Referrer**  **Contact Details** |  | | | | | |
| **Does the patient consent to referral?** | Choose an item. Please see below. | | | | | |
|  | The referral has been made in the patients’ best interest with all relevant persons consulted. | | | | |
| **Comments** |  | | | | | |
| **Please email this completed form to the following:**  **Whipps Cross** [[BHNT.2WWappointmentsbartshealthWX@nhs.net](mailto:BHNT.2WWappointmentsbartshealthWX@nhs.net) ]  **St Barts and The Royal London** [bhnt.2WWappointmentsbartshealthBLT@nhs.net]  **Newham** [[bartshealth.2wwappointmentsbartshealthnuh@nhs.net](mailto:bartshealth.2wwappointmentsbartshealthnuh@nhs.net)] | | | | | | |

**Barts Health NHS Trust**