**Consultant Upgrade Request Form**

|  |
| --- |
| **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 ]**St Barts and The Royal London** [bhnt.2WWappointmentsbartshealthBLT@nhs.net]**Newham** [bartshealth.2wwappointmentsbartshealthnuh@nhs.net] |

**Barts Health NHS Trust**