



# NATIONAL PIGMENTED LESION GP REFERRAL FORM

A patient with a suspected melanoma should 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.



Post or send via e-referral this FORM to ONLY One of the National Pigmented Lesion Clinics at any of the following hospitals to avoid duplication.

- Beaumont University Hospital, Dublin 9
- Galway University Hospital, Galway
- Central Referrals Office, Mater Misericordiae University Hospital, Dublin 7
- Naas General Hospital, Naas, Co. Kildare
- Our Lady of Lourdes Hospital, Drogheda, Co. Louth
- Roscommon University Hospital, Roscommon
- Dermatology Department, Sligo University Hospital, Sligo

- St James's University Hospital, Dublin 8
- St Vincent's University Hospital, Dublin 4
- South Infirmary Victoria University Hospital, Cork
- Tallaght University Hospital, Dublin 24
- University Hospital Kerry, Tralee, Kerry
- University Hospital Limerick, Limerick
- University Hospital Waterford, Waterford

**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: \_\_\_\_\_  
 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*)
- Likely Nail Bed Melanoma
- Other (*please specify*) \_\_\_\_\_

**MELANOMA CHARACTERISTICS:**

**The ABCDE Lesion System**

- A** Asymmetry in two axes
- B** Irregular Border
- C** At least two different Colours in lesion
- D** Maximum Diameter >6mm
- E** Evolution of lesion

**Risk Factors**

- 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
- Immunosuppression
- A family history of melanoma
- History of childhood sunburn
- Sun bed exposure

**Anticoagulants:** Yes  No   
 Aspirin  Plavix  Warfarin  Other   
 If yes please specify \_\_\_\_\_

**Allergies:** Yes  No   
 If yes please specify \_\_\_\_\_

**Past medical history:**

**Comments:**

## FOR HOSPITAL USE:

Date of referral received: \_\_\_\_\_

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: \_\_\_\_\_