**Suspected Gynaecological Cancer Referral Form**

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| **Patient Details** |
| Surname:        | Date of Birth:       |
| Forename(s):       | Gender:        |
| Address (inc postcode):      | NHS Number:       |
| Telephone Numbers **Please check tel nos with patient** | Tel No (Home):      | Tel No (work):      | Tel No (Mobile):      |
| **GP Details** |
| Referring GP:       | GP Tel No:       |
| Practice Name:       | Practice Email Address:        |
| Practice Address:       | Date of decision to refer:       |

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| **Patient Information** |
| Does your patient have a learning disability?  | [ ]  Yes[ ] No  |
| Is your patient able to give informed consent?  | [ ]  Yes[ ]  No  |
| Is your patient fit for day case investigation?  | [ ]  Yes[ ] No  |
| If a translator is required, please specify language:        |
| Is patient on any of the following medications?  |
| Aspirin  | [ ]  Yes[ ]  No  | Indication for therapy:       |
| Clopidogrel /Prasugrel etc .  | [ ]  Yes[ ]  No  | Indication for therapy:       |
| Warfarin  | [ ]  Yes[ ]  No  | Indication for therapy:       |
| NOAC (Rivaroxaban etc.)  | [ ]  Yes[ ]  No  | Indication for therapy:       |
| Insulin | [ ]  Yes[ ]  No  |  |

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| It would be helpful if you could provide performance status information (please tick as appropriate)[ ]  Fully active [ ]  Able to carry out light work [ ]  Up & about 50% of waking time [ ]  Limited to self-care, confined to bed/chair 50%[ ]  No self-care, confined to bed/chair 100% |

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| Please confirm that the patient is aware that this is a suspected cancer referral: [ ]  Yes [ ]  No |
| Date(s) that patient is unable to attend within the next two weeks:      *If patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.* |
| **Reasons for Referral** |
| **All patients should meet NICE guidelines for suspected cancer 2015****Please detail your reasons for referring, presenting symptoms and your examination findings OR attach a referral letter containing these details.** |

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| **Referral Criteria** |
| ***Please check site-specific guidance below for required pre-referral tests or treatment changes.*** **Please see the local guidelines on the Devon Formulary website if you are unsure whether your patient requires referral.****Postcoital bleeding and intermenstrual bleeding with a normal examination should be managed initially using local CRG [**[Northern](https://northeast.devonformularyguidance.nhs.uk/referral-guidance/northern-locality/gynaecology/), [Eastern](https://northeast.devonformularyguidance.nhs.uk/referral-guidance/eastern-locality/gynaecology/), [Western](https://southwest.devonformularyguidance.nhs.uk/referral-guidance/western-locality/obstetrics-and-gynaecology), [Southern](https://southwest.devonformularyguidance.nhs.uk/referral-guidance/south-devon-torbay/obstetrics-gynaecology)**]** |
| **Ovarian cancer** [ ]  Physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids).1. [ ]  Ultrasound suggests ovarian cancer.

**It can be difficult to be certain of clinical pelvic examination findings. If you have a low suspicion for cancer**, **please consider organising urgent ultrasound marked ‘to exclude cancer’ where it is available.** ***Inclusion of results of CA 125, FBC, Ferritin, LFT, Renal and if patient under age 40 LDH, B HCG and aFP is essential to facilitate triage.*** *You may want to consider completing all tests necessary for an NSS referral*  |
| **Endometrial cancer**1. [ ]  Do refer patients aged 55 and over with post-menopausal bleeding (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause).
2. [ ]  Consider referring patients aged under 55 with post-menopausal bleeding.

If a patient is taking HRT please [review BMS guidance on bleeding on HRT](https://thebms.org.uk/wp-content/uploads/2021/10/14-BMS-TfC-Progestogens-and-endometrial-protection-01H.pdf) prior to referral.Please consider coil removal prior to referral.  |
| **Cervical cancer**[ ]  Appearance of patient’s cervix on examination is consistent with cervical cancer  |
| **Vulval cancer**[ ]  Unexplained vulval lump, ulceration or bleeding  |
| **Vaginal cancer**[ ]  Unexplained palpable mass in or at the entrance to the vagina  |

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| **Clinical Summary** |
| **Clinical History (significant past and current medical history):**       |
| **Current medication:**       |
| **Blood Tests (if available – last 3 months):**       |
| **Allergies:**       |
| **Smoking:**       |
| **BMI** (if available):       |
| **Alcohol** (if available)**:**       |

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| **For hospital to complete** UBRN: Received Date:  |