**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? | | | YesNo |
| Is your patient able to give informed consent? | | | Yes No |
| Is your patient fit for day case investigation? | | | YesNo |
| 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: |