**Suspected Gynaecological Cancer Referral Form**

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

|  |
| --- |
| **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  |  |

|  |
| --- |
| 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% |

|  |
| --- |
| 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.** |
| **Referral Criteria** |
| ***A recent full blood count would be very helpful.*****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 -** *please include the ca125 result in your referral.*[ ]  Physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids).[ ]  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 2WW ultrasound where it is available.** |
| **Endometrial cancer**[ ]  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).[ ]  Consider referring patients aged under 55 with post-menopausal bleeding. If a patient is taking HRT ceasing it for six weeks to evaluate bleeding may be helpful when considering 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  |

**Clinical History (significant past and current medical history):**

<Problems(table)>

**Current medication:**

<Repeat Templates(table)>

**Blood Tests (if available – last 3 months):**

<Pathology & Radiology Reports(table)>

**Allergies:**

<Allergies & Sensitivities(table)>

**Smoking:**

<Diagnoses(table)>

**BMI** (if available):

<Latest BMI>

**Alcohol** (if available)**:**

<Numerics(table)>

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