

Gynaecological Suspected Cancer e-Referral Form

Referral should be sent via e-RS with this form attached within 24 hours

TOP TIPS

Gynaecology urgent referrals

PATIENT DETAILS				
Surname:			First Name:	
D.O.B:			Gender:	
Age:			NHS No:	
Address:				
Post code:				
Home Tel:			Mobile:	
Other Tel:			Other Tel Name:	
Interpreter required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	First Language:	

GP DETAILS	
Name:	
Code:	
Address:	
Post code:	
Tel No:	
E-mail:	

PATIENT ENGAGEMENT AND AVAILABILITY		
<p>I confirm the following: I have discussed the possibility that the diagnosis may be cancer; I have provided the patient with an urgent suspected cancer (faster diagnosis pathway) referral leaflet and advised the patient they will need to attend an appointment within the next two weeks</p>		
GP Name:		Date of decision to refer (dd/mm/yy):
GP Email:		We may contact you via email if further information is required.

REASON FOR REFERRAL-**ESSENTIAL**

Please record below the history and findings on physical examination and why you feel the patient may have cancer:

SPECIFIC CRITERIA FOR URGENT REFERRAL-**ESSENTIAL**

Refer adults using a suspected cancer referral (for an appointment on the faster diagnosis pathway) for Gynaecological symptoms if:

Ovarian Cancer

- ☐ Ascites and/or pelvic or abdominal mass found on examination and confirmed by imaging (not uterine fibroids)
- ☐ Abnormal imaging (US/MRI/CT) suggestive of malignancy – **Please attach report**
- ☐ Raised age-dependent CA 125, please select: ☐ >100 (age≤40) ☐ - >50 (age 41–49) ☐ >35 (age≥50 yrs)

Endometrial Cancer

- ☐ Woman with post-menopausal bleeding- request ultrasound to inform if any further investigation required (Menopause is defined as cessation of menstruation for 12 consecutive months or more, which is not due to pregnancy, other medical conditions or hormonal contraception).
 - ☐ Ultrasound suggests endometrial malignancy – **Please attach report**
 - ☐ Unscheduled bleeding while on HRT: Endometrium >7 mm (sHRT) - >4 mm (ccHRT) or Endometrium incompletely visualised
 - ☐ High-risk patient (1 major or ≥3 minor BMS risk factors)
- [Click here to see risk factors for endometrial cancer in BMS guidance](#)
- ☐ Does not meet BMS high risk criteria but urgent (within 6 weeks) TV US not available and high clinical suspicion

Cervical Cancer

- ☐ Cervix appearance consistent with malignancy
- ☐ Associated symptoms: post-coital bleeding, persistent discharge (exclude infection)

Vulval Cancer

- ☐ Vulval lump, ulceration or bleeding with no clear cause

Vaginal Cancer

- ☐ Palpable vaginal mass or lesion at entrance

If the patient does not meet any specific criteria above, please consider the following alternatives:

- Obtain Advice & Guidance from a specialist
- Routine referral to a gynaecology service

Menopausal status:

- ☐ Pre-Menopausal ☐ post-menopausal ☐ Hysterectomy ☐ Patient on HRT

CLINICAL INFORMATION- ESSENTIAL

NOTE:

Please ensure urgent blood tests are undertaken for FBC, electrolytes and creatinine

Please ensure you include the name of the provider that has performed the ultrasound and attach report

Relevant clinical details history of cancer, family history and examination findings:

Anticoagulation	Yes <input type="checkbox"/>	
Cognitive Impairment (e.g. dementia/learning disability, memory loss)	Yes <input type="checkbox"/>	
Is a hoist required to examine the patient?	Yes <input type="checkbox"/>	
Investigations performed prior to referral- swabs, bloods?	Yes <input type="checkbox"/>	
Interpreter required	Yes <input type="checkbox"/>	

PATIENT WHO PERFORMANCE STATUS- ESSENTIAL

<input type="checkbox"/>	0	Able to carry on all normal activity without restriction
<input type="checkbox"/>	1	Restricted in physically strenuous activity but able to walk and do light work
<input type="checkbox"/>	2	Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% waking hours
<input type="checkbox"/>	3	Symptomatic and in a chair or in a bed for greater than 50% of the day but not bedridden
<input type="checkbox"/>	4	Completely disabled; cannot carry out any self-care; totally confined to bed or chair

ADDITIONAL GP GUIDANCE- ESSENTIAL

NOTE: If significantly compromised by other co-morbidities or with limited life expectancy consider a discussion with the patient and carer regarding whether investigation is necessary

PATIENT CLINICAL INFORMATION FROM MERGED GP ELECTRONIC RECORDS

Allergies:	
Active Problems:	
BMI:	
Investigations:	
Significant history:	
Current medication:	
Repeat medication:	