Suspected Gynaecological Cancer – Referral Form

NHS

This form should be submitted via the Referral Support Service

Reference/Priority

Referral Date:	Priority:	NHS Number:
<Specific Referral Out Details>	2WW	<NHS number>

Patient Details

Title:	Forename(s):	Surname:
<Patient name>	<Patient name>	<Patient name>

Date of Birth:	Gender:	Ethnicity:
<Date of birth>	<Gender>	<Ethnicity>

Contact Details

Address Line 1:	Address Line 2	Address Line 3:
<Patient address>	<Patient address>	<Patient address>

Town:	County:	Postcode:
<Patient address>	<Patient address>	<Patient address>

Phone:	Mobile:	Text Message Consent:
<Patient Contact Details>	<Patient Contact Details>	No

Email:		
<Patient Contact Details>		

Referrer/Practice Details

Referring Name:	Referrer Code:	Practice Code:
<Specific Referral Out Details>	<Specific Referral Out Details>	<Organisation Details>

Referral Details

Specialty:	Clinic Type:	Named Clinician:
2WW	2WW Gynaecology	

Patient Choice Preferences

Provider 1:	Provider 2:
<Recipient details>	

Preferences

Assistance Required:	Assistance Notes:	Confidential/Silent Referral:
No		No

Preferred Contact Time:	Interpreter Required:	Preferred Language:
	No	<Main spoken language>

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Referral Details

Non-clinical information for the booking team:

Provisional Diagnosis:

   <Specific Referral Out Details>

Smoking Status Readcode:

   <Diagnoses>

Referral Reason/Letter Text

<Specific Referral Out Details>

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If your patient does not meet any of the NICE defined 2WW criteria please liaise (by phone or Advice and Guidance) with a specialist or send them in as an urgent referral. Please do not annotate 2WW forms with your own criteria.

Patient Awareness

Confirm that your patient understands that they have been referred onto a "suspected cancer pathway":	Unknown
Confirm that your patient has received the information leaflet:	Unknown
Confirm that your patient is available to attend an appointment within 2 weeks of this referral:	Unknown
If, after discussion, your patient chooses to not attend within 2 weeks, when will they be available:	

Condition Details (tick appropriate boxes)

PMB is bleeding more than 12 months after cessation of regular periods:	
Age ≥55 **PMB** and **suspicious ultrasound scan**	☐
Age <55 **PMB** and **suspicious ultrasound scan** (only request a scan for patients age <55 who have risk factors. See guidelines for management of PMB (hyperlink)	☐
Any age **PMB** continuing 6 weeks after stopping HRT and **suspicious ultrasound scan**	☐
Any age **PMB** and taking **Tamoxifen** (no scan needed)	☐
Any age **PMB** after a **normal ultrasound scan** which is **recurrent and unexplained**	☐
Suspicious **pelvic mass** found on ultrasound scan *(Insert below serum Ca125 here if recently requested or confirm this has been requested)*	☐
CA125 Value	
CA125 Requested	☐
Suspicious lesion of cervix on speculum examination	☐
Suspicious lesion of vagina on speculum examination	☐
Suspicious lesion of vulva	☐

Family History

<Family History(table)>

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Active Problems

<Problems(table)>

Summary

<Summary(table)>

Significant Past

<Problems(table)>

Current Repeat Medication

<Medication(table)>

Acute Medication (last 3mths)

<Medication(table)>

Measurements

BP (last 3):
<Last 3 BP Reading(s)(table)>

Weight (last 3):
<Numerics>

Height (last 3):
<Numerics>

BMI (last 3):
<Numerics>

Oxford Knee Score (last 3):
<Numerics>

Allergies

<Allergies & Sensitivities(table)>

Lab Results

<Pathology & Radiology Reports(table)>