**URGENT REFERRAL FORM FOR**

**SUSPECTED GYNAECOLOGICAL CANCERS**

(Including Ovarian, Endometrial, Cervical, Vulval and Vaginal)

***PLEASE USE THE ELECTRONIC E-REFERRAL SYSTEM TO DIRECTLY BOOK APPOINTMENT – THE PROFORMA NEEDS TO BE ATTACHED TO THE UBRN WITHIN 24 HOURS***

Telephone Contact No. for Booking Queries: 0151 604 7720

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| **PATIENT ENGAGEMENT – THIS IS A MANDATORY FIELD** | | | | |
| 1. **Has the patient been counselled regarding this referral as per the NICE guidelines i.e. advised why they have been referred to a cancer service and offered appropriate information including where to seek additional support?**   **If no, please explain why:** | | | | Yes ☐ No ☐ |
| 1. **Has the patient been advised that they need to be available within the next four weeks?**   **If no, please explain the reason why:** | | | | Yes ☐ No ☐ |
| **3.** **Have you ensured that the telephone contact details are correct?** | | | | Yes ☐ No ☐ |
| **REFERRER’S DETAILS** | | | | |
| **Referring GP** |  | | **GP Code:** | |
| **Registered GP** |  | | | |
| **GP Address & postcode** |  | | | |
| **GP Tel. No.** |  | | | |
| **GP Fax. No.** |  | | | |
| **Date seen by GP:** |  | **Decision to refer date:** | | |
| **PATIENT DETAILS** | | | | |
| **Title & Surname** |  | **Forename(s)** | | |
| **D.O.B.** |  | **Age** | **Email:** | |
| **Address** |  | | | |
| **Postcode** |  | **\*Tel. No. (day)** | **Mobile Tel.** | |
| **\*Tel. No. (evening)** |  | **NHS No.** | **Hospital No.** | |
| **Cancer type suspected:** **Ovary** ☐ **Cervix** ☐ **Endometrium** ☐ **Vulva** ☐ **Vagina** ☐ **Uncertain** ☐ | | | | |
| **CULTURAL, MOBILITY, IMPAIRMENT ISSUES** | | | | |
| What is patients Performance Status: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐  What is the patient’s preferred first language? ………………………………………………..  Does the patient require Translation or Interpretation Services? YES ☐ NO ☐ ………………………………………  Please list any hearing or visual impairments requiring specialist help (Sign language, Braille, Loop Induction systems) ………………………………………………………………………………………………………  Is Disabled Access Required? YES ☐ NO ☐ Is transport required? YES ☐ NO ☐  Ethnic Origin: ……………………………………….. Religion: ………………………………………………………  Is the patient from overseas? YES ☐ NO ☐ Is the patient a temporary visitor? YES ☐ NO ☐ | | | | |

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| **REFERRAL INFORMATION** | |
| **Cancer type suspected:** **Ovary** ☐ **Cervix** ☐ **Endometrium** ☐ **Vulva** ☐ **Vagina** ☐ **Uncertain** ☐ | |
| **Menopausal status: Pre** ☐ **Post** ☐ **Hysterectomy** ☐ **HRT:** Yes ☐ No ☐ | |
| **Referral for:**   * Ultrasound suspicious of ovarian cancer * Palpable abdominal or pelvic mass, not uterine fibroids and not gastrointestinal or urological in origin * Clinically suspicious features of the cervix on speculum examination (a smear test is not required before referral and a previous negative result should not delay referral) * Post-menopausal bleeding * Unexplained vulval lump * Vulval bleeding due to ulceration | Yes ☐ No ☐  Yes ☐ No ☐  Yes ☐ No ☐  Yes ☐ No ☐  Yes ☐ No ☐  Yes ☐ No ☐ |
| **Clinical Finding:**   * Abdominal examination: Mass * Speculum examination: Cervix normal * Speculum examination: Cervix abnormal * Vaginal examination: Lesion * Vulval examination: Lesion * Bimanual examination: Normal * Bimanual examination: Mass | Yes ☐ No ☐  Yes ☐ No ☐  Yes ☐ No ☐  Yes ☐ No ☐  Yes ☐ No ☐  Yes ☐ No ☐  Yes ☐ No ☐ |
| **Investigations Ordered/Completed:**   * USS/Ultrasound ☐ Result enclosed ☐ * CA125 ☐ Result enclosed ☐ * CT ☐ * Other: Specify: ………………………………………. | Ordered ☐ Completed ☐  Ordered ☐ Completed ☐  Ordered ☐ Completed ☐  Ordered ☐ Completed ☐ |
| **Ovarian Cancer:**  **Please refer to the CMSCN ovarian cancer pathway to ensure that all necessary examinations and investigations have been performed prior to this referral.**   Ascites +/- pelvic or abdominal mass (which is not obviously uterine fibroids)   Patient has been examined, has raised CA125 and USS suggestive of ovarian cancer | |
| **Endometrial Cancer:**  **Refer to NICE guidance for indications for direct access USS investigation (PV discharge, visible haematuria etc.).**   Any age with post-menopausal bleeding (unexplained vaginal bleeding more than 12 months aftermenstruation has stopped because of the menopause)  **** USS indicates possible endometrial cancer (any age) | |
| **Cervical Cancer:**  **** Appearance of cervix consistent with cervical cancer | |
| **Vulval Cancer:**   Unexplained vulval lump   Unexplained vulval ulceration   Unexplained vulval bleeding | |
| **Vaginal Cancer:**  **** Unexplained palpable mass in or at the entrance to the vagina | |

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| Discussion with a specialist (for example, by telephone or email) should be considered if there is uncertainty about the interpretation of symptoms and signs, and whether a referral is needed. This may also enable the primary healthcare professional to communicate their concerns and a sense of urgency to secondary healthcare professionals when symptoms are not classical **[2015].**  **Ring Consultant Connect in Gynaecology if not sure of referral** |
| **This is a free text box to facilitate any additional information which might not be in the main clinical record with regards to why you feel this patient may have cancer.** |
| **Please use this area during formatting on IT systems to upload a brief patient summary which should/may include:** current diagnosis; past medical history; recent investigations; medication; any other fields which might be helpful to aid triage in secondary care. |