**Pan London Suspected Gynaecology Cancer Referral Form**

[Press the <Ctrl> key while you click here to view the Pan London Suspected Cancer Referral Support Guide](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/general)

**REFERRAL DATE:** 

**This form should be used to refer a patient to their hospital of choice via E-referral (e-RS).**

**ALL suspected cancer referrals MUST be sent via e-RS within 24 hours.**

[Press the <Ctrl> key while you click to view a list of London hospitals](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/web/gynaecology)   
***Please check on e-RS if a hospital can accept the referral***

**PATIENT DETAILS**

**SURNAME:**       **FIRST NAME:**       **TITLE:** 

**GENDER:**       **DOB:**        **AGE:****NHS NO:** 

**ETHNICITY:**        **LANGUAGE:** 

**INTERPRETER REQUIRED**  **TRANSPORT REQUIRED**

**PATIENT ADDRESS:**       **POSTCODE:** 

**DAYTIME CONTACT** **TEL:** 

**HOME TEL:**       **MOBILE TEL:**       **WORK TEL:** 

**EMAIL:** 

**CARER/KEY WORKER DETAILS**

**NAME:**       **CONTACT TEL:**       **RELATIONSHIP TO PATIENT:** 

**COGNITIVE, SENSORY OR MOBILITY IMPAIRMENT**

**COGNITIVE**   **SENSORY**  **MOBILITY**   **DISABLED ACCESS REQUIRED**

**PLEASE INCLUDE RELEVANT DETAILS:** 

**SAFEGUARDING**

**SAFEGUARDING CONCERNS**

**PLEASE INCLUDE RELEVANT DETAILS:** 

**GP DETAILS**

**USUAL GP NAME:** 

**PRACTICE NAME:**       **PRACTICE CODE:**  

**PRACTICE ADDRESS:** 

**BYPASS TEL:** 

**MAIN TEL:**       **FAX:**       **EMAIL:** 

**REFERRING CLINICIAN:** 

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CANCER TYPE SUSPECTED** | | | | | |
|  | **CERVICAL** |  | **ENDOMETRIAL** |  | **OVARIAN** |
|  | **VAGINAL** |  | **VULVAL** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **MENOPAUSAL STATUS** | | | |
|  | **PREMENOPAUSAL** |  | **POSTMENOPAUSAL** |
|  | **HYSTERECTOMY** |  | **PATIENT ON HRT** |

|  |  |
| --- | --- |
| **REFERRAL FOR DIRECT ACCESS INVESTIGATIONS**  **GPs should arrange an urgent abdominal/pelvic ultrasound scan (to be performed within 2 weeks)**  **for patients presenting with symptoms which raise suspicion of ovarian or endometrial cancer.**  [Press the <Ctrl> key while you click here to view Pan London Suspected Gynaecological Cancer Referral Guide](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/guides/gynaecology) | |
| **REASON FOR SUSPECTED CANCER REFERRAL** | |
|  | **OVARIAN: Abnormal abdominal/pelvic ultrasound suggestive of ovarian cancer** |
|  | **OVARIAN: Physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids)** |
|  | **OVARIAN: CA125 ≥ 35IU/ml** |
|  | **ENDOMETRIAL: Abnormal abdominal/pelvic ultrasound suggestive of endometrial cancer** |
|  | **ENDOMETRIAL: Post-menopausal bleeding (more than 12 months after menstruation has stopped because of the menopause)** |
|  | **CERVICAL: Appearance of cervix consistent with cervical cancer** |
|  | **VAGINAL: Unexplained palpable mass in or at entrance to vagina** |
|  | **VULVAL: Unexplained lump, ulceration or bleeding** |
|  | **Referral is due to CLINICAL CONCERNS that do not meet NICE/pan-London referral criteria (the GP MUST give full clinical details in the ‘additional clinical information’ box at time of referral)** |

**Additional clinical information:**

**Personal/relevant patient information:**

**Past history of cancer:**

**Relevant family history of cancer:**

|  |  |
| --- | --- |
|  | **I have discussed the possible diagnosis of cancer with the patient** |
|  | **The patient has been advised and confirmed they will be available for an appointment within the next two weeks** |
|  | **I have advised patient that they should prioritise this appointment. I have offered the pan London COVID -19 patient information leaflet. Offering written patient information increases patient experience and reduces non-attendance. These are available in 11 different languages.**  [Press the <Ctrl> key while you click here to view the leaflet](https://www.healthylondon.org/resource/covid-19-cancer-referral-resources/) |
|  | **This patient has been added to the practice suspected cancer safety-netting system**  [Press the <Ctrl> key while you click here to view information on Cancer Safety Netting System](https://www.healthylondon.org/wp-content/uploads/2020/04/Key-safety-netting-messages-during-Covid-19-pandemic-Final-version-9th-April-2020-003.pdf) |

**INVESTIGATIONS**

**Please ensure this referral includes ALL the relevant investigations including blood tests and imaging. If there are any pending test results that you have organised at the time of this referral please provide information including TYPE OF INVESTIGATION requested (bloods, imaging) and TRUST performing the tests in the box below.**

**CLINICALLY-SPECIFIC AUTOMATIC TABULATED DATA**

**IMAGING STUDIES (in past 6 months) Please include date:**       **and location:**      

**RENAL FUNCTION (most recent recorded in past 6 months)**

**FULL BLOOD COUNT (most recent recorded in past 6 months)**

**CA125 (most recent recorded in past 6 months)**

**ROUTINE AUTOMATIC TABULATED DATA**

**MEDICAL HISTORY**

**ALLERGIES**

**MEDICATION**

**OFFICE USE ONLY**