[**TOP TIPS**](https://www.healthylondon.org/wp-content/uploads/2022/11/Top-Tips-Suspected-Gynae-Cancer-Referrals.pdf)  
**Gynaecology 2ww referrals**

**Pan London Suspected Gynaecology Cancer Referral Form**

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

|  |  |
| --- | --- |
| Surname: | First name: |
| Referral date: | NHS number: |
| Patient’s hospital of choice: [     ] [click here to access the hospitals directory](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/web/gynaecology) | |

|  |
| --- |
| 1. **REASON FOR REFERRAL– ESSENTIAL**   [*See* Pan London Suspected Gynaecology Cancer Referral Guide](https://www.transformationpartnersinhealthandcare.nhs.uk/usc-gynaecology-cancer-clinical-guide/) |
| ***Please record below the history and findings on physical examination and why you feel the patient may have cancer:*** |
| 1. **SPECIFIC CRITERIA FOR URGENT REFERRAL – ESSENTIAL** |
| **Criteria for urgent referral suspected OVARIAN CANCER:** |
| Abnormal abdominal/pelvic ultrasound suggestive of ovarian cancer *Please attach report*  Physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids)  CA 125 ≥ 35 IU/mlin post-menopausal patient  *Obtain pelvic ultrasound in premenopausal women with elevated CA 125* |
| **Criteria for urgent referral suspected ENDOMETRIAL CANCER:** |
| Post-menopausal bleeding (>12 months after menstruation has stopped) – patient ***not*** on HRT.  Unscheduled bleeding for 4- 6 months after starting HRT It is normal to bleed for the first 4 months after starting HRT or changing HRT preparation; any unscheduled bleeding thereafter should be investigated)  Abnormal abdominal/pelvic ultrasound suggestive of endometrial cancer |
| **Criteria for urgent referral suspected CERVICAL CANCER:** |
| Appearance of cervix consistent with cervical cancer. ***One of the following should also usually be present:***  *• Post-coital, intermenstrual or post-menopausal bleeding • Abnormal, persistent vaginal discharge (infection excluded)* |
| **Criteria for urgent referral OTHER:** |
| Unexplained palpable mass in or at entrance to vagina  Unexplained vulval lump, ulceration or bleeding Consider referring to GUM clinic in pre-menopausal patients  Referral is due to clinical concerns that do not meet above criteria – **please provide full details in Section 1.**  ***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 |

|  |  |
| --- | --- |
| 1. **INVESTIGATIONS AND ACTIONS TO BE COMPLETED PRIOR TO REFERRAL – ESSENTIAL** | |
| **Please confirm which investigations have been completed:**  Pelvic Ultrasound /  Abdominal Ultrasound/  Transvaginal Ultrasound **(suspected ovarian/endometrial cancer)**  CA 125 **(suspected ovarian cancer)** / Results of latest smear  Chlamydia test in primary care in cases of post coital bleeding  Ultrasound not required as referring to one-stop rapid clinic | |
| 1. **INFORMATION FOR HOSPITAL ASSESSMENT – ESSENTIAL** | |
| **WHO Performance status** | |
| **0** Fully active  **1** Restricted physically but ambulatory and able to carry out light work  **2** Ambulatory more than 50% of waking hours; able to carry out self-care  **3** Limited self-care; confined to bed or chair more than 50% of waking hours  **4** Completely disabled; cannot carry out any self-care. The patient is totally confined to bed or chair | |
| **Other access needs -** *please detail per the selected options in the field below* | |
| Interpreter required If Yes, Language:  Transport required  Wheelchair access required | Cognitive impairment including dementia  Learning disability ([see London LD contacts](https://www.england.nhs.uk/london/london-clinical-networks/our-networks/learning-disabilities/publications/))  Mental health issues that may impact on engagement  SMI |
| Details of access needs: | |

|  |
| --- |
| 1. **ADDITIONAL IMPORTANT CLINICAL INFORMATION** |
| Past history of cancer: |
| Relevant family history of cancer: |
| Safeguarding concerns: |
| Other relevant information about patient’s circumstances: |
| Patient referred/previously investigated for similar symptoms at other hospital/service?  No  Yes, please give details: |

|  |
| --- |
| I have discussed the **possible diagnosis of cancer** with the patient [(Patient Information Resources)](https://www.healthylondon.org/our-work/cancer/early-diagnosis/two-week-wait-referral-repository/suspected-cancer-referrals/patient-information-leaflets/) |
| I have advised the patient to **prioritise this appointment & confirmed they’ll be available within the next 14 days.** |
| The patient has been advised that the hospital care **may contact them by telephone** |
| Patient added to the practice **safety-netting system** and practice will review by DDMMYY *(manual entry)* |

|  |  |
| --- | --- |
| 1. **REFERRER DETAILS** | |
| Usual GP name: | Referring clinician: |
| Practice code: | Practice address: |
| Practice name: | Email: |
| Main Tel: | Practice bypass number       ***(manual entry)*** |

|  |  |
| --- | --- |
| 1. **PATIENT DETAILS** | |
| Surname: | First name: |
| NHS number: | Title: |
| Gender on NHS record: | Gender Identity:       ***(manual entry)*** |
| Ethnicity: | |
| DOB: | Age: |
| Patient address: | |
| Daytime contact Tel:       **Home:**       **Mobile:** | |
| Email: | |
|  | |
| **Carer/ key worker details:** | |
| Name: | Contact Tel: |
| Relationship to patient: |  |

|  |
| --- |
| 1. **CONSULTATIONS, PAST MEDICAL HISTORY, MEDICATIONS AND INVESTIGATIONS** |
| ***Please note: You will need to add pending test results, requests and relevant excluded medical history (e.g. trans history, sexual health, private patients) manually in the text boxes below.*** |
| Consultations: |
| Medical history: |
| Medication: |
| Allergies: |
| Imaging studies (in the past 12 months): Date:        Location: |
| Renal function (in the past 6 months): |
| Full blood count (in the past 6 months): |
| Test results pending (type of investigation) :       Trust / Organisation:       Date: |
| All Values and Investigations (in the past 6 months): |
| BMI (latest): |
| Weight (latest): |
| Blood Pressure (latest): |
| Safeguarding history: |
| Learning disability: |
| Use of wheelchair: |
| Accessible Information Needs (AIS): |