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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

REFERRAL DATE:

E-referral is the preferred booking method for suspected cancer referrals.
If this is not available please email the referral.
Fax is no longer supported due to patient safety and confidentiality risks.
All referrals should be made within 24 hours.

Press the <Ctrl> key while you click here to view the list of hospitals you can refer to

Copy the hospital details from the webpage and paste them onto the line below.

PATIENT DETAILS

SURNAME: FIRST NAME: TITLE:
GENDER: DOB: AGE: NHS NO:
ETHNICITY: LANGUAGE:
☐ **INTERPRETER REQUIRED** ☐ **TRANSPORT REQUIRED**

PATIENT ADDRESS: POSTCODE:
DAYTIME CONTACT:

HOME: MOBILE: WORK:
EMAIL:

CARER/KEY WORKER DETAILS

NAME: CONTACT: 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:

MAIN: FAX: EMAIL:
REFERRING CLINICIAN:

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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

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**

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☐ **I have counselled the patient regarding the referral process and offered the pan-London 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

☐ **This patient has been added to the practice suspected cancer safety-netting system**

Press the <Ctrl> key while you click here to view Pan London Practice-based Suspected Cancer Safety Netting System

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.

IMAGING STUDIES (in past 3 months) Please include date: and location:

RENAL FUNCTION (most recent recorded in past 3 months)

FULL BLOOD COUNT (most recent recorded in past 3 months)

CA125 (most recent recorded in past 3 months)

MEDICAL HISTORY

ALLERGIES

MEDICATION