|  |
| --- |
| **Suspected Cancer Referral Form: Gynaecological Cancers** |
| **Please refer to the Frimley Health Suspected Cancer Guidelines before completing this form** |
| To make a referral via eRS please use: | Speciality**:** **2WW** Clinic Type**:** **2WW** Gynae |

|  |  |
| --- | --- |
| **Date of Decision to Refer:** |   |
| **Trust name:** |  |
|   | Frimley Health NHS Foundation Trust |  |

|  |
| --- |
| **Patient details** |
| Surname: |   | First name: |   | Title: |   |
| Sex assigned at birth: |   | DOB: |   | NHS number: |   |
| Ethnicity: |   | Interpreter required: |   | Language: |   |
| Address: |   |
| Tel. home: |   | Tel. mobile:  |   |
|   | Preferred contact |   | Preferred contact |
| **GP practice details** |
| Usual GP Name: |   |
| Address: |   | Practice name: |   | Practice code: |   |
| Tel. main line: |   | Tel. direct line: |   |
| Referring clinician: |   | Practice Email: |   |
| **Patient engagement and availability** |
| I confirm the following: |
|   | The possibility that the diagnosis may be cancer has been discussed with the patient |
|   | The patient has been offered a [suspected cancer referral leaflet](https://surreyandsussexcanceralliance.nhs.uk/application/files/5816/5539/7238/PIN220524-1840_Patient_information_for_urgent_suspected_cancer_referrals_A4_HiRes.pdf) |
|   | The patient has been informed that they could be contacted at any time within the next 28 days and availability/attendance is strongly advised |
|   | Please note any dates the patient is NOT available for an appointment (virtual or face to face) in the next 28 days: |   |
| **Patient's WHO Performance Status** |
|  | **Grade** | Explanation of activity |
|   | **0** | Fully active, able to carry on all pre-disease performance without restriction. |
|   | **1** | Restricted in physically strenuous activity but ambulatory and able to carry out light/sedentary work, e.g. house or office work. |
|   | **2** | Ambulatory and capable of self-care, but unable to carry out work activities. Up and active 50% of waking hours. |
|   | **3** | Capable of only limited self-care. Confined to bed or chair 50% of waking hours. |
|   | **4** | Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair. |
| **Please detail any Cognitive/sensory/mobility impairment if known:** |
|   |
|   |
|   |
|   |
|   |
| **Carer/Keyworker name** |   | **Contact details** |   |
| **Relationship to Patient** |   |
| Is transport likely to be required? | Y |   | N |   |  |
| **Clinical Details**  |
| What is the patient’s menopausal status? |
|   | Pre-menopausal |   | Peri-menopausal |   | Post- Menopausal (at least 12 months since last period) |
| Has the patient had a hysterectomy? | Y |   | N |   |  |  |  |  |  |
| Is the patient on HRT?  | Y |   | N |   |  |   | Continuous |   | Sequential |
| Please select if Yes (current) |
|   | HRT |   | Tamoxifen |   | Intrauterine System, please specify |   |
| **Weight** |   | **Height** |   | **BMI** |   |
| **Smoker /** **ever smoked** |   | **Alcohol units** |   |
| **Cancer type suspected** [**Guidance**](https://surreyandsussexcanceralliance.nhs.uk/health-professionals/primary-care/suspected-cancer-referral-forms-and-guidance) |
|   | Cervical |   | Endometrial |   | Ovarian |
|   | Vaginal |   | Vulval |  |  |
| **Reason for suspected cancer referral** |
| **Cervical cancer:** |
|   | Appearance consistent with cervical cancer; an unexplained lump, bleeding or ulceration (not cervical polyp, not ectropion). *\*consider cervical polyp referral to colposcopy* |
|  |
| **Endometrial:****NOTE:** If patient is on [HRT](https://www.nice.org.uk/cks-uk-only) consider it as a cause for unscheduled bleeding and refer to guidance |
|   | Patient with post-menopausal bleeding (more than 12 months after menstruation has stopped because of the menopause). |
|   | Patient with abnormal abdominal / pelvic ultrasound suggestive of endometrial cancer |
| **Ovarian:** |
|   | Physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids). |
|   | Serum CA125 is 35IU/ml or greater AND/OR |
|   | Ultrasound suggests ovarian cancer |
| **NOTE:** For guidance on concerning symptoms warranting further investigation click [here](https://surreyandsussexcanceralliance.nhs.uk/download_file/305/377)**Vaginal:** |
|   | Appearance consistent with vaginal cancer; an unexplained palpable mass or ulcer in the vagina (not obviously a prolapse). |
| **Vulval:** |
|   | Appearance consistent with vulval cancer; an unexplained vulval lump, ulceration or bleeding (not obviously a Bartholins cyst). |
|   | Referral is due to CLINICAL CONCERNS that do not meet NICE/SSCA referral guidance. Please include any additional clinical concerns |
|   |
| **Investigations** |
| Blood Test (less than 12 weeks old) |
|   | eGFR |
|   |
|   | U&E |
|   |
|   | FBC |
|   |
|   | CA125 |
|   |
| **FOR ALL RECENT INVESTIGATIONS PLEASE INCLUDE REPORTS AND IMAGES WHERE THIS CAN BE ARRANGED.** |
| **Suitability For Telephone Triage / ‘STRAIGHT TO TEST’ Pathway** |   | Y |   | N |   | Don’t know |
| **Additional Clinical Information / referral letter****If this case has been discussed with the secondary care clinical team, please specify with whom, when and advice given:** |
|   |
| **Patient summary to include; past medical history; recent investigations; recent blood test results; current, acute and repeat medication last 6 months** |
| Please select if Yes. |
|   | Is the patient anticoagulated? |   | Warfarin |   | Aspirin |   | DOAC |
| **Past Medical History** |
|   |
| **Recent Investigations** |
|   |
| **Recent blood test results** |
|   |
| **Medication** |
| Acute |
|   |
| Repeats |
|   |
| **Known Allergies:** |
|   |

|  |
| --- |
| **If eRS is not available or in business continuity please use relevant trust email address for urgent suspected cancer referral** |

|  |  |
| --- | --- |
| **Accessible Information Needs (AIS):** |   |

|  |
| --- |
| Developed in collaboration with NHS Surrey and Sussex Cancer Alliance |