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| **Suspected Cancer Referral Form: Gynaecological Cancers** | |
| [**Please refer to the Frimley Health Suspected Cancer Guidelines before completing this form**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1041) | | |
| To make a referral via eRS please use: | Speciality**:** **2WW** Clinic Type**:** **2WW** Gynae | |

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

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| **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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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:**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1041) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Appearance consistent with cervical cancer; an unexplained lump, bleeding or ulceration (not cervical polyp, not ectropion). *\*consider cervical polyp referral to colposcopy* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| [**Endometrial:**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1041)  **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](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1041) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 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:**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1041) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 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:**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1041) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Appearance consistent with vaginal cancer; an unexplained palpable mass or ulcer in the vagina (not obviously a prolapse). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [**Vulval:**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1041) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Investigations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blood Test (less than 12 weeks old) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | U&E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | FBC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | CA125 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Recent Investigations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Recent blood test results** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Medication** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acute | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Repeats | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Known Allergies:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **If eRS is not available or in business continuity please use relevant trust email address for urgent suspected cancer referral** |

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

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