

Suspected Gynaecological Cancer– Referral Form
For patients who need to be seen within **2 weeks**

Date of Referral			
Patient Name		Referring GP	
Patient Address		GP Address	
Patient Postcode		GP Postcode	
Date of Birth		Fax No.	
NHS No.		Surgery Tel No.	
Tel No.		Hospital No.	
Mobile No.		Please check that the patient's phone numbers are correct	

- Confirm that your patient understands that they have been referred onto a "suspected cancer pathway"
- Confirm that your patient has received the [information leaflet](#)
- Confirm that your patient is available to attend an appointment within 2 weeks of this referral**

** If, after discussion, your patient chooses to **not** attend within 2 weeks, when will they be available?

ANY OF BELOW PMB SYMPTOMS – refer for Fast Track Hysteroscopy

PMB is bleeding more than 12 months after cessation of regular periods.

- Any age **PMB** and **suspicious ultrasound scan**
- Any age **PMB** continuing 6 weeks after stopping HRT or the removal of coil and **suspicious ultrasound scan**
- Any age **PMB** and taking **Tamoxifen** (no scan needed)
- Any age **PMB** after a **normal ultrasound scan** which is **recurrent and unexplained**

ANY OF BELOW PRESENTING SYMPTOMS – refer for Fast Track Gynae Clinic

- Suspicious **pelvic mass** found on ultrasound scan
Insert serum Ca125 here if recently requested or confirm this has been requested
- **Suspicious lesion of cervix** on speculum examination
- **Suspicious lesion of vagina** on speculum examination
- **Suspicious lesion of vulva**
- **High suspicion of ovarian cancer (insert CA125 and request ultrasound scan)**
- I confirm I have performed an abdominal and pelvic assessment **YES / NO**
- Is a full scan report attached **YES / NO**

(Ensure images are transferred to hospital radiology department)

Any additional information:

EXAMPLE ONLY - Refer via RSS

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Responsible Consultant:	Mrs Shanthi Ramaswamy	