**Suspected Gynaecological Cancer Two Week Wait Referral Form**

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| **Referrer Details**  | **Patient Details**  |
| Name: | Name: | DoB: |
| Address: | Address: | Gender: |
| Hospital No.: |
| NHS No.: |
| Tel No: | Tel No. (1): | *Please check tel. nos.* |
| Tel No. (2): |
| Email: | Carer requirements (has dementia or learning difficulties)? | Capacity concerns? |
|  Decision to Refer Date: | Translator Required: Yes 🞏 No 🞏 Language……. | Mobility: |
| [ ]  | Military Service Person | [ ]  | Military Veteran | [ ]  | Member of Military Family |

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| **Level of Concern***I think it is likely that this patient has cancer, and would like the patient to be investigated further, even if the first test proves negative, including a Consultant to Consultant referral if deemed appropriate. All non-site specific symptoms (e.g. iron deficiency anaemia, unexplained weight loss) are listed in the clinical details section below.***Clinical details***Please detail your conclusions and what needs to be excluded or attach a referral letter.*   |

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| **Ovarian cancer**[ ]  physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids)[ ]  CA 125 over 35 **AND** ultrasound suggests ovarian cancer*Please perform CA125 test prior to referral (plus LDH, HCG, AFP if the patient is under 40 years of age)* |
| **Endometrial cancer**[ ]  post-menopausal bleeding **NOT ON HRT** (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause)[ ]  persistent or unexplained post-menopausal bleeding after cessation of HRT **for 6 weeks**.*For heavy peri-menopausal bleeding over 45 / irregular bleeding / heavy menstrual bleeding despite medical treatment, consider an urgent referral to a Menstrual Dysfunction clinic / General Gynaecology via choose and book as per NICE guidelines.* |
| **Cervical cancer**[ ]  appearance of their cervix on examination is consistent with cervical cancer*For persistent post-coital bleeding, swab and consider an urgent referral to Colposcopy / Gynaecology* |
| **Vulval cancer**[ ]  unexplained vulval lump, ulceration or bleeding *(suspected lichen sclerosus can be referred to VSC, urgently if necessary)* |
| **Vaginal cancer**[ ]  unexplained palpable mass in or at the entrance to the vagina  |
| **Please ensure the following recent blood results are available (less than 8 weeks old)**FBC, Us and E’s |

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| **Smoking status** | **WHO Performance Status:** [ ]  **0** Fully active[ ]  **1** Able to carry out light work[ ]  **2** Up & about greater than 50% of waking time[ ]  **3** Confined to bed/chair for greater than 50%[ ]  **4** Confined to bed/chair 100% |
| **BMI if available** |

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| Please confirm that the patient has been made aware that this is a suspected cancer referral: [ ] Yes [ ] NoPlease confirm that the patient has received the two week wait referral leaflet: [ ] Yes [ ] NoPlease provide an explanation if the above information has not been given: If your patient is found to have cancer, do you have any information which might be useful for secondary care regarding their likely reaction to the diagnosis (e.g. a history of depression or anxiety, or a recent bereavement from cancer might be relevant) or their physical, psychological or emotional readiness for further investigation and treatment? |
| Date(s) that patient is unable to attend within the next two weeks*If patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.* |

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| **Please attach additional clinical issues list from your practice system****Details to include:** Current medication, significant issues, allergies, relevant family history, alcohol status and morbidities |

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| **Trust Specific Details**'If your patient does not meet any of these criteria for 2ww referral but you are worried, please send a referral labelled as urgent, or email sft.gynaecology@nhs.net where a consultant will triage your referral or provide prompt advice' |

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| ***For hospital to complete*** UBRN: Received date: |

# Please send via ERS