

July 2019 v1.0

2ww GYNAECOLOGY URGENT SUSPECTED CANCER REFERRAL FORM (adult)

Date of GP decision to refer: __/__/__

PATIENT DETAILS – <i>please provide multiple contact details</i>		GP/Clinician Details
Last name:	First name:	GP/Clinician name and initials:
Gender: M / F	DOB: / /	Ethnicity
NHS No:		Practice code:
Address:		Address:
Telephone No (Day):	Telephone No (Evening):	Telephone No:
Mobile No:		Fax No:
Contact details are accurate: Y <input type="checkbox"/> N <input type="checkbox"/>		Practice email address:
Patient agrees to telephone message being left: Y <input type="checkbox"/> N <input type="checkbox"/>		
Ambulance booking required: Y <input type="checkbox"/> N <input type="checkbox"/>		
Email:		
Language:	Interpreter: Y <input type="checkbox"/> N <input type="checkbox"/>	

The criteria are compliant with 2015 NICE guidelines for referring those with suspected cancer and not a substitute for your own clinical judgement or taking specialist professional advice as appropriate.

*Performance Status (Adult) A WHO classification indicating a PERSON's status relating to activity/disability.

Please
Tick

0	Able to carry out all normal activity without restriction	
1	Restricted in physically strenuous activity, but able to walk and do light work	
2	Able to walk and capable of all self-care, but unable to carry out any work. Up and about more than 50% of waking hours	
3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours	
4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair	

Ovarian Cancer
2WW referral if physical examination reveals:
<ul style="list-style-type: none">Ascites <input type="checkbox"/>Pelvic or abdominal mass <input type="checkbox"/>
Arrange urgent investigations CA125 and U/S scan (not necessarily within 2 weeks) [especially in women 50 or over] with any of the following on a persistent or frequent basis:
<ul style="list-style-type: none">Persistent abdominal distension/bloatingEarly satiety/or appetite lossPersistent pelvic or abdominal painIncreased urinary urgency and or frequency with negative MSUNew onset symptoms suggestive of IBSSuspicious appearance on U/S scan and/or significantly elevated CA125

ALL referrals must be accompanied by up to date (strictly within last 28 days) U+E, FBC to allow timely onward investigation

Cervical/Vaginal Cancer
Refer 2WW: Suspicious lesion on cervix or in vagina suggestive of cancer [do not delay a referral by performing a cervical smear] <input type="checkbox"/>

Vulval Cancer
Refer 2WW any suspicious vulval lump, ulcer or bleeding lesion. <input type="checkbox"/>

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Endometrial Cancer

2WW referral is indicated for women 55 and over with post menopausal bleeding [Unexplained vaginal bleeding 12 months or more after menstruation has stopped due to the menopause]
If urgent trans-vaginal scan is available [within 2 weeks] consider this assessment prior to 2WW clinic referral to assess endometrium as high [4-5mm thickness or greater] or low risk [less than 4mm]

If no urgent scan available refer using 2WW form

U/S scan suggests high risk, refer 2WW

Consider direct ultra-sound referral for any woman 55 or over with unexplained vaginal discharge, thrombocytosis or haematuria.

History and examination findings

Past Medical History

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Allergies

Current Medications

Relevant Investigations

Discussions with patient prior to referral

1. Has the patient been advised that this referral is to exclude a cancer diagnosis and has a 2WW patient referral leaflet been given?
2. Has the patient been given information on their actual appointment, time and place?
3. Is the patient available for their appointment in the next 2 weeks and do they understand how important it is to let the practice (and hospital) know ASAP if they cannot attend?

Does the patient have memory problems? Yes No

Does the patient need hoisting? Yes No

Will a relative be attending with the patient? Yes No

Will a member of the Nursing/Care Home staff be attending with the patient? Yes No