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| Text  Description automatically generated | **GYNAECOLOGY*****Urgent Suspected Cancer (USC) referral*** ***Please refer via e-Referral Service*** |
| **Please use separate children’s proforma for patients under 16.** **Referrals to CRH should be made via ICE on PMB pathway and not via this form** |

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| **Patient details** |
| **Patient Name** | ${firstname} ${surname}  |
| **Address** | ${patientAddress}   ${postcode} |
| **DOB** | ${dob}  | **NHS No.** | ${nhsNumber} |
| **Home Tel. No.** | ${home} | **Gender** | ${gender}  |
| **Mobile Tel. No.** | ${mobile}  | **Ethnicity** | ${ethnicity}   |
| **Preferred Tel. No.** | ${preferredNumber}  | **Email Address** | ${email} |
| **Main Spoken Language** | ${language} | **Interpreter needed?**  | Yes [ ]  No [ ]  |
| **Transport needed?** | ${transportNeeded} | **Patient agrees to telephone message being left?** | [ ]  Yes [ ]  No |
| **Communication requirements** | Hard of hearing: [ ]  Visually impaired: [ ]  Learning/mental difficulties: [ ]  Dementia: [ ]  Has the patient capacity? Yes [ ]  No [ ] Communication difficulties other: (please specify)${communicationDifficultiesOther} |
| **Safeguarding concerns?** | ${safeguardingConcerns} |
| **Patient has device which accepts video calling?**  | Yes [ ]  No [ ]  |
| **Date of Decision to Refer** | ${createdDate} |

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| **Registered GP details** |
| **Practice Name** | ${practiceName}  |
| **Registered GP** | ${usualName} | **Usual GP / Referring GP** | ${referringClinical} |
| **Registered GP** **Address & practice code** | ${practiceAddress}${practiceCode} |
| **Tel No.** | ${main} | **Email** | ${gpEmail} |

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| **Patient engagement** |
| **The patient has been informed that the reason for referral is to rule out or rule in Cancer.** | **[ ]**  |
| **Supporting information (USC leaflet) provided** | **[ ]**  |
| **The patient has been informed of the likely next pathway steps and the time in which they should be contacted?** | **[ ]**  |
| **The patient has confirmed that they are willing and available to be contacted and attend the hospital for appointments and tests within the required timeframes?****(and that this may include virtual or telephone consultations if appropriate)** | **[ ]**  |
| **Patient or Carer Concerns/ Support Needs at the point of referral:** |
| ${carerConcernsOrSupportNeeds} |

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| **Have you used C the Signs to assist in this referral?**  | **Yes** | **[ ]**  | **No** | **[ ]**  |

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| **Referral criteria** |
| **For patients with suspected cancer please ensure they have an up to date (within the last 28 days) FBC and U+E to allow for timely onward investigations.** |
| **Ovarian cancer** | Physical examination suggests: * ascites
* pelvic or abdominal mass obviously not a fibroid.
 | [ ]   |
| USS of abdomen and pelvis suggests ovarian cancer | [ ]  |
| NICE 2015: Arrange urgent investigations CA125 and U/S scan (**especially in women 50 or over**) with any of the following on a persistent or frequent basis:* Persistent abdominal distension/bloating
* Early satiety/or appetite loss
* Persistent pelvic or abdominal pain
* Increased urinary urgency and or frequency with negative MSU
* New onset symptoms suggestive of IBS
 | [ ]  |
| **Endometrial cancer** | Postmenopausal bleeding **NOT ON HRT\*** (Unexplained vaginal bleeding 12 months or more after menstruation has stopped due to the menopause)orPostmenopausal bleeding in a patient **60 years old or older on HRT**For all cases of recurrent postmenopausal bleeding not on HRT, referral should be made regardless of endometrial thickness on transvaginal ultrasound. **Patients under 60 years on HRT have a very low risk of endometrial cancer and in the majority of cases do not need to be referred on a suspected cancer pathway.****Follow advice and guidance document (link below), if the patient fulfils the criteria for suspected cancer diagnosis in this document please indicate here:**<https://resources.cthesigns.co.uk/April2025GuidanceforpatientsonHRTunder60withunscheduledbleedingV5.0.pdf>**\*HRT = systemic hormone replacement therapy** | [ ]  [ ] [ ]  |
| **Cervical cancer** | Appearance of the cervix is consistent with cervical cancer. | [ ]   |
| **Vulval cancer** | Appearance of the vulva consistent with a vulval cancer | [ ]   |
| **Vaginal cancer** | Unexplained palpable mass in or at the entrance to the vagina. | [ ]   |
| **If your patient does not meet NICE suspected cancer referral criteria, but you feel they warrant further investigation, please disclose full details in your referral letter.** | [ ]  |

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| **Latest BMI** | ${bodyMassIndex} |

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| **Hormonal status** |
| **Pre-menopausal** | [ ]   |
| **Peri-menopausal** | [ ]   |
| **Post-menopausal** | [ ]   |
| **Has had hysterectomy** | [ ]   |

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| **Please add clinical details and examination findings****(this can be copied from your consultation note)** |
| ${symptomsAndExaminationFindings} |

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| **Performance status - WHO classification**  |
| **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** | **[ ]**  |

**Past Medical History**

${medicalHistory}

**Family history**

${relevantFamilyHistoryOfCancer}

**Current Medications**

${medication}

**Allergies**

${allergies}

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| **To be completed by the Hospital Data Team** |
| **Date of decision to refer** |  |
| **Date of appointment** |  |
| **Date of earliest offered appointment (if different to above)** |  |
| **Specify reason if not seen at earliest offered appointment** |  |
| **Periods of unavailability** |  |
| **Booking number (UBRN)** |  |
| **Final diagnosis: Malignant** [ ]  **Benign** [ ]  |