

**Suspected Cancer in Adults
GYNAECOLOGY (Fast track)**

Date of referral **Short date letter merged**

Name:	Full Name	DOB:	Date of Birth	NHS No	NHS Number
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Attach this form to the e-referral within 24 hours

If the ERS not available, then send this form AND 'Referral header sheet' by secure **email**

- Patient has been informed that this is an urgent referral for suspected cancer
- The patient is available and willing to attend face to face or telephone clinic within 7 days and hospital for tests/appointment within 14 days
- The patient has been given the Fast track patient information leaflet

Hyperlinks to: [NICE GUIDANCE](#) [Patient info leaflet including easy read](#)

NICE Guidance	<input type="checkbox"/> Lesions suspicious of cancer of cervix or vagina on speculum examination
	<input type="checkbox"/> Unexplained vulval lump, ulceration or bleeding
	<input type="checkbox"/> Palpable pelvic mass (new finding do not await scan) Include CA125 result
	<input type="checkbox"/> CA125 >35 IU/ml and USS suggestive of ovarian cancer
	<input type="checkbox"/> Not on HRT - Post-menopausal bleeding or blood stained discharge (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause)
	<input type="checkbox"/> Unexpected or prolonged vaginal bleeding persisting for more than 4 weeks after stopping HRT or whilst taking Tamoxifen

If you suspect a possible gynaecological cancer but symptoms do not fit the criteria, please refer and include the clinical details in the section below.

Reason for Referral – Compulsory

Performance Status	<input type="checkbox"/>	0	Fully active
	<input type="checkbox"/>	1	Cannot carry out heavy physical work
	<input type="checkbox"/>	2	Up and about more than half the day and can look after yourself
	<input type="checkbox"/>	3	In bed or sitting in a chair for more than half the day and need help in looking after yourself
	<input type="checkbox"/>	4	In bed or a chair all the time and need a lot of looking after

Consent		
<input type="checkbox"/>	No Problems anticipated	
<input type="checkbox"/>	There may be a problem with consent e.g., significant dementia or learning disability	Includes details in referral narrative clinical assessment may be needed before investigation
Disability		
<input type="checkbox"/>	No difficulty coping with investigation anticipated. No cognitive impairment/behavioural issues that would make it difficult to manage the investigations.	Straight to test investigations will be considered (expected to be able to changing position on couch by self)
<input type="checkbox"/>	There may be difficulties coping with investigations due to physical, cognitive or learning disability or severe mental illness	Clinic first may be offered. Include details in referral narrative including known adjustments required

Please indicate COVID 19 risk:		
<input type="checkbox"/>	Standard	No co-morbidities
<input type="checkbox"/>	Vulnerable	Co-morbidities/frailty
<input type="checkbox"/>	Shielded	In the shielded group because of high risk from COVID 19 infection

Investigations/Procedures: (Please attach any abnormal scan/radiology results)

Do not delay referral waiting for test results

CA125:	Single Code Entry: CA125 level...	
Smear	Single Code Entry: Cervical smear result...	
USS:	Single Code Entry: Pelvic echography...	Single Code Entry: Ultrasonography of abdomen
Others	<input type="text"/>	

Not all scans can be shown due to lab link coding problems.

Problems, Allergies, Acute / Repeat Medication

DUE TO PADLOCKING (blocking pt's ability to view) Certain Parts / Problems of medical records, Please Manually check the pt's record for Safeguarding and sensitive information, and manually enter if appropriate.

Problems

Allergies

Medication

Incomplete information may delay appropriate care for your patient
PLEASE COMPLETE THE REST OF THIS FORM

Suspected Cancer in Adults GYNAECOLOGY (Fast track)

Referrer details

Name of referrer:	Referring User <input type="text"/>	Date of referral:	Short date letter merged
Referring Organisation		GP details	
Organisation Name , Organisation Full Address (single line) Tel: Organisation Telephone Number Email: Organisation E-mail Address Fax: Organisation Fax Number		Usual GP Full Name Usual GP Organisation Name Usual GP Full Address (single line) Tel: Usual GP Phone Number Fax: Usual GP Fax Number	
Name of GP to address correspondence to, if different to accountable GP		<input type="text"/>	

Patient details

Name:	Full Name	Address:	Home Full Address (stacked)
Gender:	Gender(full)		
DOB & Age:	Date of Birth Age: Age		
NHS number:	NHS Number		
Patient Contacts:	Home:	Patient Home Telephone	Mobile: Patient Mobile Telephone
	Work:	Patient Work Telephone	Email: Patient E-mail Address
	Carer/Advocate: The patient has confirmed the following person should be included in correspondence – Name: <input type="text"/> Contact Details: <input type="text"/>		
Contact Consent:	<input type="checkbox"/> Can leave message on answer machine <input type="checkbox"/> Can contact by text <input type="checkbox"/> Can contact by Email		NB: Not all services use Texts or Emails as a method of communication.
Ethnicity:	Ethnic Origin		
Interpreter:	<input type="checkbox"/> Yes Language: Single Code Entry: Main spoken language English... <input type="text"/>		
Accessibility Needs:	<input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf Single Code Entry: Partial deafness... <input type="checkbox"/> Registered Blind Single Code Entry: Registered blind <input type="checkbox"/> Learning Disability, Single Code Entry: On learning disability register Single Code Entry: Moderate learning disability... <input type="checkbox"/> Other disability needing consideration <input type="text"/> <input type="checkbox"/> Accompanied by Carer		
Risks:	<input type="checkbox"/> Vulnerable Adult (Details of any recording within last 3 yrs) Single Code Entry: Vulnerable adult Single Code Entry: No longer a vulnerable adult... Single Code Entry: Difficult intubation Other: <input type="text"/>		
Other: Single Code Entry: Military veteran Single Code Entry: Left military service Single Code Entry: History relating to military service Single Code Entry: History relating to Army service... Single Code Entry: Has a carer Single Code Entry: Is no longer a carer Single Code Entry: Is a carer			

Accessible information

Communication support: Uses a legal advocate...

Contact method: Requires contact by telephone...

Information format: Requires information verbally...

Professional required: Interpreter needed - British Sign Language...

If you have any problem with this form or suggested changes, please email cbchealth.templates@nhs.net (NB: NOT TO BE USED FOR REFERRING A PATIENT) NCA GYNAECOLOGY Fast track Referral Form October 2023 EMIS Web SNOMED CDRC © (this Form has been created by CDRC. It cannot be copied or distributed by any other Organisation).

To be completed by the Data Team (Insert Dates)

Received: / / First Appointment booked: / /

First Appointment date: / / 1st seen: / /

Specify reason if not seen on 1st appointment:

Diagnosis: Malignant Benign