

# SOUTH WEST LONDON CANCER NETWORK: SUSPECTED GYNAECOLOGICAL CANCERS REFERRAL FORM

**URGENT REFERRALS CRITERIA**  
(Please tick category)

Lesions suspicious of cancer on cervix or vagina on speculum examination

Lesions suspicious of cancer on clinical examination of the vulva

Palpable pelvic mass not obviously fibroids

Suspicious pelvic mass on pelvic ultrasound

More than one or single heavy episode of post-menopausal bleeding (PMB) in women aged >55 years who are not on HRT

Postcoital bleeding (PCB) aged >35 years that persists for more than 4 weeks

HRT: Unexpected or prolonged bleeding persisting for more than 4 weeks after stopping HRT

Date of GP decision to refer: \_\_\_\_\_ No. of pages faxed: \_\_\_\_\_

**GP DETAILS**

GP Name and Initials: \_\_\_\_\_ GP Practice Code: \_\_\_\_\_  
 Address (use practice stamp if available): \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**PATIENT DETAILS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Daytime Telephone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Has the patient previously visited this hospital? Y/N  M  F  
 Hospital No (if known): \_\_\_\_\_ NHS No: \_\_\_\_\_  
 Interpreter required? Y/N: \_\_\_\_\_ First Language: \_\_\_\_\_

**COMMENTS/OTHER REASONS FOR URGENT REFERRAL**

\_\_\_\_\_

**TO BE COMPLETED BY THE DATA TEAM:**

Date received: \_\_\_\_\_ Date 1st appointment booked: \_\_\_\_\_ Date 1st seen: \_\_\_\_\_  
 Specify reason if not seen at 1st appointment offered: \_\_\_\_\_ Final diagnosis (please circle): \_\_\_\_\_ Malignant \_\_\_\_\_ Benign \_\_\_\_\_