

GYNAECOLOGICAL ONCOLOGY REFERRAL FORM

(Mandatory fields in **BOLD**)

Patient Details	Referring team
First Name:	Consultant / specialty / hospital:
Surname:	Best contact (name / number):
Referring Hospital MRN:	Date of referral:
DOB:	Logistics
Age:	First language:
Tel / mob:	Interpreter required: No
Address:	Additional needs: Wheelchair user <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Visually impaired <input type="checkbox"/>

GP Details	
GP Name:	GP Address:
	Phone No:

Referral details	
Is the patient aware of suspected / diagnosed cancer? No	
If not, date they will be informed:	
Summary of symptoms and investigations to date	



Background History

Medical co-morbidities:

Surgical History:

Medications:

Family History of malignancy:

Allergies:

Anti-coagulation:

Weight:

BMI:

Smoking History:

ECOG Performance status:

Please select...

0 – Fully active; no performance restrictions.

1 - Strenuous physical activity restricted; fully ambulatory and able to carry out light work.

2 - Capable of all self-care but unable to carry out any work activities. Up and about >50% of waking hours.

3 - Capable of only limited self-care; confined to bed or chair >50% of waking hours.

4 - Completely disabled; cannot carry out any self-care; totally confined to bed or chair.

**Risk of Malignancy Index:
(M x U x Ca125)**

X

X

=

RMI score of >200 should prompt referral to gynaecological oncology centre.

Menopausal status:

Premenopausal: M=1

Postmenopausal: M = 3

Ultrasound score*:

No features: U= 0

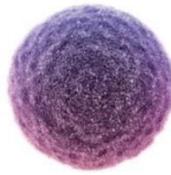
One feature: U= 1

Two or more features: U=3

Ca 125 (U/ml) value:

Numerical value

*Ultrasound features include: Multiloculated, solid areas, bilateral lesions, ascites, metastases



Suspected Cancer Sites and Referral Requirements			
Uterine	Ovary		
Histology <input type="checkbox"/>	Tumour markers <input type="checkbox"/>		
MRI Pelvis <input type="checkbox"/>	MRI Pelvis (mandatory for any RMI <200) <input type="checkbox"/>		
CT TAP <input type="checkbox"/>	CT TAP (mandatory for RMI >200 or strong clinical/radiological suspicion of cancer) <input type="checkbox"/>		
	Histology		
	Renal function report		
Cervix	Vulva/Vagina	GTD	
Histology <input type="checkbox"/>	Histology <input type="checkbox"/>	CT TAP <input type="checkbox"/>	<input type="checkbox"/>
MRI Pelvis <input type="checkbox"/>	MRI <input type="checkbox"/>	Histology <input type="checkbox"/>	
PET CT* <input type="checkbox"/>	PET CT* <input type="checkbox"/>		
Renal function report <input type="checkbox"/>	Renal function <input type="checkbox"/>		

*PET will be arranged in by Gynae. Onc team in SJH if not available in referring hospital.
*Bold = Mandatory

Ovarian Tumour markers:	If under 40 years old:	
Ca 125 <input type="checkbox"/>	AFP <input type="checkbox"/>	
CEA <input type="checkbox"/>	BHCG <input type="checkbox"/>	
Ca 19.9 <input type="checkbox"/>	LDH <input type="checkbox"/>	

Further information relevant to referral:

Please return typed referral form to referralsgynaeonc@STJAMES.IE handwritten forms will not be accepted.

All referrals with histology and radiology must have the official reports attached with date and location.

If the radiology is not available on NIMIS, CDs must be posted to Gynae MDT Co-ordinator, St James's Hospital, James's Street, Dublin, D08NHY1