

**WOMENS CENTRE  
FAST TRACK REFERRAL FORM  
(SUSPECTED GYNAECOLOGICAL CANCER)**

PH 01-2938684

FAX 01-2938641

EMAIL [colposcopy@beaconhospital.ie](mailto:colposcopy@beaconhospital.ie)

PATIENT DETAILS			
Surname		D.O.B.	
Forename		PPS No	
Address		Tel No	
		Email	
GP DETAILS			
Referring GP		Surgery Address:	
Tel. No.			
Date of referral			
CLINICAL DETAILS			
Last menstrual period		Parity	Gravida: Para:
Last smear			Results of smear:
Drug History	Taking now	Taken previously	
HRT			
Tamoxifen			
Oral contraceptive			
PREVIOUS MEDICAL / GYNAECOLOGICAL HISTORY			
REASON FOR REFERRAL			
<b>Heavy or persistent post-menopausal bleeding</b>			<input type="checkbox"/>
<b>Possible endometrial cancer</b> <ul style="list-style-type: none"> <li>■ Slight PMB, perimenopausal bleeding irregularity</li> <li>■ Persistent unexpected bleeding on HRT</li> <li>■ Postmenopausal persistent vaginal discharge</li> </ul>			<input type="checkbox"/>
<b>Overt signs of ovarian cancer</b>			<input type="checkbox"/>
<b>Possible ovarian malignancy</b>			<input type="checkbox"/>
<b>Incidental finding of ovarian mass (other than simply cyst under 5cm)</b>			<input type="checkbox"/>
<b>Clinical suspicious vulval lesion</b>			<input type="checkbox"/>
<b>Clinically suspicious cervix - apparent invasive cancer</b>			<input type="checkbox"/>
<b>Cervical smear glandular invasion (Grade IV smear)</b>			<input type="checkbox"/>

Patients will be seen within five working days.

Please fax this form along with any smear reports to 01-2938641 or e-mail [colposcopy@beaconhospital.ie](mailto:colposcopy@beaconhospital.ie)