

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

TEL: 01 2938684. FAX: 01 2938641. EMAIL: WOMENSCENTRE@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

Heavy or persistent post - menopausal bleeding	<input type="checkbox"/>
Possible endometrial cancer	<input type="checkbox"/>
<input type="checkbox"/> Slight PMB, perimenopausal bleeding irregularity <input type="checkbox"/> Persistent unexpected bleeding on HRT <input type="checkbox"/> Postmenopausal persistent vaginal discharge	
Overt signs of ovarian cancer	<input type="checkbox"/>
Possible ovarian malignancy	<input type="checkbox"/>
Incidental finding of ovarian mass (other than simply cyst under 5cm)	<input type="checkbox"/>
Clinical suspicious vulval lesion	<input type="checkbox"/>
Clinically suspicious cervix - apparent invasive cancer	<input type="checkbox"/>
Cervical smear glandular invasion (Grade IV smear)	<input type="checkbox"/>

Patients will be seen within five working days.

**Please fax this form along with any smear reports to 01 - 2938641.**