

Gynae-Oncology Referral Form

Referring to **Mater Misericordiae** **St. Vincent's**

Patient aware of referral **Yes** **No**

Patient Details:

Please use block capitals						
Title	First name	Surname	D.O.B	Age	Contact # 1	Contact # 2
Address		First language		Interpreter		Yes No
		Additional needs Hearing impaired Intellectual disability				Visually Impaired Wheelchair user
Carer name & contact information		Other				

Referring Team Details:

Referring consultant name, hospital & specialty	Contact name MANDATORY
	Contact number MANDATORY

Clinical Details:

Parity	Presenting symptoms
BMI MANDATORY	
ECOG Performance Status:	0 – Fully active and able to carry out all pre-disease performance without restriction 1 – Restricted in strenuous activity and able to carry out sedentary work 2 – Ambulatory and capable of all self care up to 50% time 3 – Capable of limited self care and confined to bed or chair 50% time 4 – Completely disabled
Hormonal status Post menopausal Pre menopausal On HRT On OCP Comment:	Medical history Asthma COPD CKD HIV Diabetes Ischamic heart disease Hypertension Known BRCA carrier Known lynch syndrome carrier Previous cancer Diagnosis Family history of cancer Other comorbidities & relevant medical history:
Surgical history (Please list previous surgeries including gynaecological surgery)	

Note: Failure to send to the relevant Institution email address provided and to complete all relevant fields may delay discussion of patients at the Gynae Oncology MDT. Please email form to:
Mater Misericordiae: gynaeonc.mdt@mater.ie **or St. Vincent's:** gynae_onc_mdt@svhg.ie

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Rev 15 Nov 2018

Smoker Yes No Ex Smoker Pack Years	Anti Coagulation No Yes Specify if Yes	Medications (please list)
		(Empty space for listing medications)

Malignancy / Suspected Malignancy Details:

Endometrial	Vulval	Ovarian	Vaginal
Cervical	Choriocarcinoma	Primary Peritoneal	Fallopian Tube

Endometrial Histology: REPORTS MUST BE ATTACHED Imaging REPORTS MUST BE ATTACHED DISCS MUST BE SENT TO SVUH SPECIFY LOCATION IF NOT NIMIS Mandatory if Grade 1 or Grade 2 MRI Pelvis Mandatory if grade 3 or serous carcinoma CT TAP On NIMIS	Cervical Histology: REPORTS MUST BE ATTACHED Imaging REPORTS MUST BE ATTACHED DISCS MUST BE SENT TO SVUH SPECIFY LOCATION IF NOT NIMIS MRI Pelvis PET Scan Specify other imaging On NIMIS	Vulval / Vaginal Histology: REPORTS MUST BE ATTACHED Imaging REPORTS MUST BE ATTACHED DISCS MUST BE SENT TO SVUH SPECIFY LOCATION IF NOT NIMIS CT TAP Specify other imaging On NIMIS
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Ovarian / Primary Peritoneal/ Fallopian tube Tests CA 125 CEA CA 19.9 CA 15.3 Suspected Germ Cell BHCG AFP LDH Other Histology REPORTS MUST BE ATTACHED On NIMIS	Imaging REPORTS MUST BE ATTACHED DISCS MUST BE SENT TO SVUH SPECIFY LOCATION IF NOT NIMIS MRI Pelvis CT TAP Ultrasound Specify other imaging On NIMIS	Choriocarcinoma Histology REPORTS MUST BE ATTACHED Imaging REPORTS MUST BE ATTACHED DISCS MUST BE SENT TO SVUH SPECIFY LOCATION IF NOT NIMIS Chest X Ray Specify other imaging CT TAP CT Brain On NIMIS
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IF IMAGING IS NOT ON NIMIS SPECIFY LOCATION OF IMAGING ; IF REFERRING TO SVUH DISCS MUST BE SENT

Comments

Office Use only

Date Received	Notes:

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