Gynae-Oncology Referral Form

Rev 16 OCT 2021

FORMS MUST BE TYPED

Grúpa Ospidéil Oirthear na hÉireann
Ireland East HOSPITAL GROUP
UCD DUBLIN

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

Patient aware of possible diagnosis **Yes** **No**

Patient Details:

Date of referral:						
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 / next of kin name & contact				

Referring Team Details:

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

Clinical Details:

Parity **BMI** **MANDATORY**	**Presenting symptoms**
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 4– Completely disabled
Hormonal status Post-menopausal Pre-menopausal On HRT On OCP Comment:	**Medical history** Asthma COPD HIV CKD Allergies Diabetes Ischemic 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 email form to:

Mater Misericordiae: gynaeonc.mdt@mater.ie

Discs to be posted to Gynae MDT Coordinator, C/o The post room, Mater Public Hospital, Eccles Street, Dublin 7

Or St. Vincent's: gynae_onc_mdt@svhg.ie

Discs to be posted to Gynae MDT Coordinator, St Vincent's Hospital, Elm Park, Dublin 4

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Smoker	Anti Coagulation	Medications
Yes No Ex Smoker Pack Years	No Yes Specify if Yes	

Select site of referral: Tests in bold are mandatory. Tick if complete.

Cervix		Ovarian / Primary Peritoneal/ Fallopian		Endometrial		Vulval		Choriocarcinoma	
MRI Pelvis	☐	MRI Pelvis	☐	**MRI Pelvis**	☐	CT TAP	☐	**CT TAP**	☐
Pet Scan	☐	**CT TAP**	☐	**Histology**	☐	MRI	☐	C X-Ray	☐
Histology	☐	Histology	☐	CT TAP	☐	Histology	☐	**Histology**	☐
U + E	☐	**Tumour Markers**	☐	Mandatory for grade 3 or serous					
FBC	☐								

Results Summary: **Reports must be sent with referral

HISTOLOGY	Report Attached Yes

RADIOLOGY	Report Attached Yes On NIMIS
	If not on NIMIS discs must be sent by post to address below

TUMOUR MARKERS	
CA125	**BHCG**
CEA	**AFP**
CA 19.9	**LDH**
**Reports must be attached for U&E (cervix cancer only) and FBC	

COMMENTS:

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