

2 Week Rule Referral – Gynaecology

Patient Details	
Name:	Date of Birth:
	Sex: M/F
Address:	NHS Number:
	Hospital Number:
Daytime Telephone:	<input type="checkbox"/> Please indicate by ticking the appropriate <input type="checkbox"/> box(es) which number(s) the patient can <input type="checkbox"/> be contacted on during the next 24 hours
Work Telephone	
Mobile Telephone:	
GP Details	
GP Name:	Telephone Number:
Practice:	Fax Number:
Date of Referral:	
Social circumstances	
Lives alone <input type="checkbox"/>	Is a carer for someone <input type="checkbox"/>
	Has a care package <input type="checkbox"/>
Hospital use only	
Date & time FAX received: / / @:	Date & Time of Appointment: / / @:
Date faxed back to GP: / /	Referral appropriate Yes <input type="checkbox"/> No <input type="checkbox"/>

Your patient will be seen under the 2 week rule if one or more of the following criteria are present. Please tick the appropriate box(es) and add relevant details below.

- Suspicion of cervical cancer
- Suspicion of Vulval cancer
- Postmenopausal bleeding in women with a uterus
- Suspicious bleeding on HRT
- Suspicious mass on pelvic ultrasound (multilocular or solid mass with or without ascites)
(Please send blood to biochemistry for CA125)
- IMB in women age after 45

Does the patient know of their condition or suspected condition? Yes No

Current Medication
Relevant PMH
Additional Information / Comments
Please state if you are attaching a computer printout of this information: Yes / No
Additional referral letter following: Yes / No

Reference: NICE referral guidelines for suspected cancer June 2005. ©These referral proformas were developed by The Local Referral and Management Guidelines Team, Western Sussex Hospitals NHS Trust, St Richard's Hospital . Chichester

All 2 week rule appointments for WSHT are managed and booked by the
Worthing Hospital 2 week rule team.

**Please Fax this form to 01903 285098 or email it to
cancer.appointments@nhs.net**