Health
Western Sydney
Local Health District

GYNAECOLOGICAL ONCOLOGY Referral Letter ❒ Tumour board review only ❒

Please CIRCLE Staff Specialist:

A/Prof Brand

Dr Herbst

Dr Burling

On Call consultant

Consultants may choose to exercise their rights to private practice.

PERSONAL DETAILS (or attach sticky label)

Name _____ **Date of Birth:** _____/___/_____

MRN: _____ **Contact #:**_____

Address: _____

_____

Email address (please provide if available)_____

Interpreter needed? ❒ No ❒ Yes **If Yes, specify language:** _____

REASON FOR REFERRAL

- ❒ Endometrial Cancer
- ❒ Vulva Cancer
- ❒ Vaginal Cancer
- ❒ Cervical Cancer
- ❒ Pre invasive disease (Cx / vulva / vagina)
- ❒ Complex masses (RMI -___)
- ❒ Ovarian Cancer
- ❒ GTN
- ❒ TB Review (BOT / CAH)
- ❒ Risk reducing surgery
- ❒ Other:_____

Short Summary of significant symptoms _____

_____

_____

Medical and surgical history: _____

_____

Medication/Allergies:_____

Required Information – PLEASE ATTACH

- ❒ Pathology report (if applicable)
- ❒ Operation report (if applicable)
- ❒ Imaging – CT (CAP), Ultrasound
- ❒ Tumour Markers (CA 125, CEA; Under 40yrs LDH, AFP, BhCG, only if germ cell tumour suspected)
- ❒ BMI: _____kg/m^2 or Height: _____m Weight: _____kg

REFERRING DOCTOR'S DETAILS (must be specialist or GP)

Name: _____

Address: _____

Mobile No: (essential) _____ **Fax No:** _____

Provider No: _____

Doctor's Signature: _____ **Date:** _____

Contact details:
Email: WSLHD-Westmead-GYNONCRef@health.nsw.gov.au
Phone: 02 8890 6801
Fax: 02 8890 8311