CARILION CLINIC GYNECOLOGIC ONCOLOGY

EXTERNAL PROVIDER REFERRAL FORM

FAX this form and supporting records to 540-301-6494

Include referring notes, pathology/cytology, recent labs including tumor markers, and imaging reports. If possible, push images to Sectra.

URGENT REQUEST?
Call 540-981-7070

1. PATIENT INFORMATION

Patient name (Last, First, MI):		**Date of birth:**
Address:		
City:	**State:**	**ZIP:**
Primary phone:	**Alternate phone:**	**Preferred language:**
Insurance plan:	**Member ID:**	**Group #:**
Subscriber name / relationship:		**Authorization #, if applicable:**

2. REFERRING PROVIDER / PRACTICE

Referring provider name:	**Date of Referral:**
Practice name:	**Contact person for questions:**
Phone:	**Fax:**
Is this a gynecology practice?	☐ Yes ☐ No

3. PRIMARY REASON FOR REFERRAL

☐ Known or suspected active gynecologic cancer or pre-cancer

☐ History of gynecologic cancer or pre-cancer, with no current concern for active disease. *(Skip to section 7)*

☐ Non-oncologic indication for referral to Gynecologic Oncology. *(Complete section 4 if applicable, then skip to section 8)*

4. BASIS FOR SUSPICION

Select all that apply.

☐ Biopsy or cytology results
☐ Genetic test results
☐ Physical examination findings
☐ Reported symptoms

☐ Imaging (select all that apply)
  ☐ CT ☐ MRI ☐ Radiology ultrasound
  ☐ Office ultrasound ☐ PET
☐ Tumor markers
☐ Other: _____

5. DIAGNOSIS / PRESENTING CONDITION

Select the single best option. Then complete the corresponding clinical criteria questions (6A-6I) and move on to section 9.

☐ Endometrial cancer / atypical hyperplasia / EIN / EIC (complete 6A)
☐ Ovarian, fallopian tube, or primary peritoneal cancer (complete 6C)
☐ Vulvar cancer / high-grade vulvar dysplasia / VIN 2-3 (complete 6E)
☐ Uterine / endometrial mass (complete 6G)
☐ Carcinomatosis (unknown primary) (complete 6I)
☐ Gestational trophoblastic neoplasia (skip to section 9)

☐ Pelvic mass (complete 6B)
☐ Cervical cancer (complete 6D)
☐ Postmenopausal bleeding (complete 6F)
☐ Cervical, vulvar, or vaginal mass (complete 6H)
☐ High-grade cervical or vaginal dysplasia (skip to section 9)
☐ Specialty review (none of the above; may delay scheduling) (skip to section 9)

6. CONDITION SPECIFIC CLINICAL CRITERIA

Complete only the subsection matching the selected diagnosis. Select all that apply within the subsection, then skip to 9.

A. Endometrial cancer / atypical hyperplasia / EIN / EIC

- ☐ Recurrent disease or prior hysterectomy
- ☐ Concern for widespread metastatic disease
- ☐ Desires fertility preservation
- ☐ None of the above

B. Pelvic or Ovarian mass

- ☐ Concern for recurrence of known prior cancer
- ☐ Imaging shows metastatic disease outside the abdomen
- ☐ Pelvic mass >5cm
- ☐ None of the above

C. Ovarian, fallopian tube, or primary peritoneal cancer

- ☐ Concern for recurrence of known prior cancer
- ☐ Imaging shows metastatic disease outside the abdomen
- ☐ Chemotherapy has already been initiated
- ☐ None of the above

D. Cervical cancer

- ☐ Metastatic disease or hydronephrosis on imaging
- ☐ Concern for recurrence of known prior cancer
- ☐ Tumor > 4 cm or vaginal involvement on imaging or exam
- ☐ None of the above

E. Vulvar cancer / high-grade vulvar dysplasia / VIN 2-3

- ☐ Complete excision of lesion already performed
- ☐ Metastatic disease beyond inguinal nodes
- ☐ Lesion > 8 cm
- ☐ None of the above

F. Postmenopausal bleeding

- ☐ Endometrial mass > 2 cm
- ☐ Uterine / myometrial mass > 5 cm
- ☐ Concern for metastatic disease
- ☐ Office endometrial biopsy not feasible
- ☐ Endometrial sampling has been attempted; specimen insufficient or benign
- ☐ None of the above

G. Uterine / endometrial mass:

- ☐ Uterine/myometrial mass > 10 cm
- ☐ Endometrium > 2 cm
- ☐ Concern for metastatic disease
- ☐ Desire for fertility preservation
- ☐ Postmenopausal
- ☐ Uterus > 20 cm
- ☐ Office endometrial sampling insufficient or not feasible
- ☐ None of the above

H. Cervical, vulvar, or vaginal mass

- ☐ Concern for metastatic disease
- ☐ Physical exam concerning for malignancy

I. Carcinomatosis (unknown primary): Is there evidence of extra-abdominal disease?

- ☐ Yes
- ☐ No

7. HISTORY OF GYNECOLOGIC CANCER, NO CURRENT CONCERN FOR ACTIVE DISEASE

Prior cancer type:

- ☐ Endometrial / uterine
- ☐ Ovarian
- ☐ Cervical
- ☐ Other / unknown: _____

8. NON ONCOLOGIC INDICATION

Select the single best option. Then complete the corresponding clinical criteria questions (9A-9B) and move on to section 9.

- ☐ Genetic or hereditary gynecologic cancer risk (complete 9A)
- ☐ Surgical hormonal ablation for breast cancer treatment
- ☐ Endometriosis
- ☐ Fibroids (complete 9B)
- ☐ Complex or multidisciplinary surgery
- ☐ Placenta accreta

9. CONDITION SPECIFIC CLINICAL CRITERIA

A. Genetic or hereditary gynecologic cancer risk: Has germline testing shown any of the following pathogenic mutations?

☐ BRCA1
☐ BRCA2
☐ RAD51C
☐ RAD51D
☐ PALB2
☐ BRIP1
☐ ATM
☐ Lynch syndrome / HNPCC
☐ None of the above

B. Fibroids:

Is there postmenopausal or severe abnormal uterine bleeding?

☐ Yes
☐ No

If No: Is the uterus > 20 cm?

☐ Yes
☐ No

10. Peri Operative Considerations/Surgical Optimization:

Does the patient desire fertility preservation?

☐ Yes ☐ No ☐ Unknown/possibly

Patient BMI:

☐ <18 ☐ 18-55 ☐ 55-65 ☐ >65 ☐ Unknown

Last Hgb A1c:

☐ <10 ☐ >10 ☐ Unknown

Is the patient able to walk one city block?

☐ Yes/suspect yes ☐ No/suspect no

Does the patient have dementia or otherwise have limited decision-making capacity?

☐ Yes ☐ No

Are there any additional barriers to expedited surgical care?

☐ Yes ☐ No

Free text any additional barriers: