PLEASE NOTE DIAGNOSTIC TISSUE BIOPSY IS NOT REQUIRED PRIOR TO REFERRAL
Include all correspondence and test results relating to cancer OR SUSPECTED CANCER including original imaging, histopathology reports, summaries of any previous cancers

Specific reason for referral:
- Workup for suspected cancer (not yet proven on biopsy)
- Proven cancer but site of origin not known
- Other (please specify):______________________________

T__N___M__ Stage: I / II / III / IV (if known) Date of diagnosis/suspected diagnosis: ______________

Histology: attach actual report or tick if Monash Health
Molecular testing: attach actual report or tick if Monash Health
Site of disease: Liver / lung / bone / brain / peritoneal / other ______________________________

Main current symptoms/problems:
- Urgent: Hypercalcemia / SVC Obstruction / Spinal cord compression/uncontrolled symptom ___________

Details of any past cancers:
- Date:
- Location:

Date/place of scheduled cancer follow up:
- Clinician:
  - Present, list______________________________

Comorbidities: Nil
  - Present, list______________________________

Medication: attach date stamped list

Allergies: Nil
  - Present, list______________________________

Relevant family history: Nil
  - Present, list______________________________

Social history: Smoker Y/N
  - Dust/asbestos exposure Y/N

Other relevant details:
Include all correspondence and test results relating to cancer including original histopathology reports, summaries of all treatment (including radiotherapy) and letters from all cancer specialists

Specific reason for referral:
- Workup for suspected colorectal cancer
- (neo) adjuvant treatment
- Definitive treatment with chemoradiation
- Treatment of metastatic disease
- Other (please specify):

TNM stage:
Histology: attach actual report or tick if at Monash Health
Molecular testing: attach actual report or tick if at Monash Health

Ensure MSI testing done for all stages and RAS/RAF testing done for Stage IV patients. Indicate if pending.

Date of diagnosis:
Imaging/test results: attach actual reports or tick if at Monash Health
Site of metastases:
Main current symptoms/problems:
Details of cancer surgery:
- Surgeon:
- Date:
- Location:
- Details of radiation (or enclose treatment summary):
- Date:
- Location:
- Site:
- Details of other cancer treatment received or planned:
- Date:
- Place of scheduled cancer follow up:
- Clinician:
- Comorbidities:

Medication: attach date stamped list
Allergies:
Relevant family history:
Other relevant details:
**Monash Health Referral Form**

**MEDICAL ONCOLOGY**

**GYNAECOLOGICAL CANCER**

**REFERRAL**

Mandatory content for first referral to Gynaecological Cancers at Monash Health

<table>
<thead>
<tr>
<th>Full name</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Next of kin</td>
<td>Postal address (not PO Box)</td>
</tr>
<tr>
<td>Contact number</td>
<td>Mobile number</td>
</tr>
<tr>
<td>Email address</td>
<td>Medicare number</td>
</tr>
</tbody>
</table>

Referring GP details including **provider number**
Usual GP (if different)
Details of all medical specialists
Interpreter requirements

**Confirm patient is aware of proven or likely cancer diagnosis**

Include all correspondence and test results relating to cancer including original histopathology reports, summaries of all treatment (including radiotherapy) and letters from all cancer specialists

**Specific reason for referral:**
- Workup for suspected cancer
- (neo) adjuvant treatment
- Definitive treatment with chemoradiation
- Treatment for metastatic/recurrent disease
- Other (please specify): ________________________________

**Stage:** I / II / III / IV  
**Date of diagnosis:** ____________________________

**Histology:** attach actual report or tick if Monash Health

**Genetic testing (eg BRCA/Lynch syndrome):** attach actual report or tick if Monash Health

**Imaging/test results:** attach all actual reports or tick if at Monash Health

**Site of metastases:** Peritoneal / nodal / liver / lung / bone / brain / peritoneal

**Main current symptoms/problems:**

**Details of cancer surgery:**
- Date: ____________________________  
- Location: _________________________
- Radiation (or enclose treatment summary): Nil
- Site: ____________________________
- Intent: curative  
- palliative

**Details of other cancer treatment received or planned:**

**Date/place of scheduled cancer follow up:**
- Clinician: ________________________________
- Comorbidities: Nil  
- Present, list__________________________________

**Medication:** attach date stamped list
- Allergies: Nil  
- Present, list__________________________________

**Relevant family history:** Nil  
- Present, list__________________________________

**Social history:**
- Other relevant details:
Include all correspondence and test results relating to cancer including original histopathology reports, summaries of all treatment (including radiotherapy) and letters from all cancer specialists

Specific reason for referral:
- Workup for suspected cancer
- Definitive treatment with chemoradiation
- Treatment for metastatic disease
- Other (please specify):

Primary Site of Cancer __________________
T N M Stage: I / II / III / IV
Date of diagnosis: ________________

Histology: attach actual report or tick if Monash Health
Molecular testing (if applicable): attach actual report or tick if Monash Health
Imaging/test results: attach all actual reports or tick if at Monash Health
Site of metastases: Liver / lung / bone / brain / peritoneal
Main current symptoms/problems:

Details of cancer surgery:
Date: ____________________________
Location: ____________________________
Site: ____________________________
Intent: curative / palliative
Details of other cancer treatment received or planned:

Date/place of scheduled cancer follow up:
Clinician: ____________________________
Comorbidities: Nil / Present, list__________________________
Smoking History: ____________________________
Medication: attach date stamped list
Allergies: Nil / Present, list__________________________
Relevant family history: Nil / Present, list__________________________
Social history: ____________________________
Other relevant details:
Include all correspondence and test results relating to cancer including original histopathology reports, summaries of all treatment (including radiotherapy) and letters from all cancer specialists

Specific reason for referral:

☐ Workup for suspected cancer
☐ (neo) adjuvant treatment
☐ Definitive treatment with chemoradiation
☐ Treatment for metastatic disease
☐ Other (please specify): ________________________________

T_N_M Stage: I / II / III / IV

Date of diagnosis: ________________________

Histology: attach actual report or tick if Monash Health ☐

Molecular testing: attach actual report or tick if Monash Health ☐

Ensure MSI and Her2 testing done for all stages of gastric cancer. These need to be ordered from the lab housing diagnostic tissue. Indicate if Monash Health ☐ or other ☐

Indicate if pending ☐

Imaging/test results: attach all actual reports or tick if at Monash Health ☐

Site of metastases: Liver / lung / bone / brain / peritoneal

Main current symptoms/problems:

Details of cancer surgery:

Radiation (or enclose treatment summary): Nil ☐ or Date: ______ Location: ______________________

Site: __________________________ Intent: curative ☐ palliative ☐

Details of other cancer treatment received or planned:

Date/place of scheduled cancer follow up:

Comorbidities: Nil ☐ Present, list ________________________________

Medication: attach date stamped list

Allergies: Nil ☐ Present, list ________________________________

Relevant family history: Nil ☐ Present, list ________________________________

Social history:

Patient weight (state date) __________ kg on __________

Other relevant details:
Include all correspondence and test results relating to cancer including original histopathology reports, imaging studies, summaries of all treatment (including radiotherapy/PRRT) and letters from all cancer specialists.

Specific reason for referral: □ Workup for suspected cancer OR new diagnosis □ Transfer of care- already under treatment □ Treatment for metastatic disease □ Other (please specify): __________________________

Date of diagnosis: __________________

Histology: attach actual report or tick if Monash Health □
Ki67 and mitotic rate: attach actual report or tick if Monash Health □

Imaging/test results including GATATE/FDG PET: attach all actual reports or tick if at Monash Health □
Site of primary: __________________
Main current symptoms/problems:

Details of cancer surgery (if relevant): Date: Location:
Radiation or Peptide Receptor Radionuclide Therapy (PRRT) (or enclose treatment summary):
Nil □ or Date: Location: Site: __________________________
Intent: curative □ palliative □
Details of other cancer treatment received or planned:

Date/place of scheduled cancer follow up: Clinician:
Comorbidities: Nil □ Present, list __________________________

Medication: attach date stamped list
Allergies: Nil □ Present, list __________________________
Relevant family history: Nil □ Present, list __________________________
Social history:
Other relevant details:
Include all correspondence and test results relating to cancer including original histopathology reports, summaries of all treatment (including radiotherapy) and letters from all cancer specialists.

Specific reason for referral:
- ☐ Workup for suspected cancer
- ☐ (neo) adjuvant treatment
- ☐ Definitive treatment with chemoradiation
- ☐ Treatment for metastatic disease
- ☐ Other (please specify):

T__N___M__ Stage: I/ II / III / IV

Date of diagnosis: _______________________

Histology: Attach actual report or tick if Monash Health ☐
Molecular testing: Attach actual report or tick if Monash Health ☐
Imaging/test results: Attach all actual reports or tick if at Monash Health ☐

Main current symptoms/problems:

Cancer surgery procedure: Date: Location:

Radiation (or enclose treatment summary): Nil ☐ or

Site: ______________________

Details of other cancer treatment received or planned:

Date/place of scheduled cancer follow up: Clinician:

Comorbidities: Nil ☐ Present, list______________________

Medication: attach date stamped list

Allergies: Nil ☐ Present, list______________________

Relevant family history: Nil ☐ Present, list______________________

Social history:

Other relevant details:
Please attach: original histopathology, latest imaging, treatment summaries, medication list, all relevant correspondence, details of all clinicians

Name of trial (if known): ___________________________________________ PICF given □
ECOG: 0 / 1 / 2 (3 and 4 not accepted)
Type of cancer: ____________________________ Histology: ____________________________
Date of diagnosis: _________________________ attach report or tick if Monash Health □
Molecular results: _________________________ attach report or Monash Health □
Stage of cancer: at diagnosis: I / II / III / IV at referral: I / II / III / IV
Brain metastases: No □ Yes □ Treated: No □ Yes ____________________________
Steroids: No □ Yes □ type / dose / schedule: ____________________________
Anticoagulation: No □ Yes □ type / dose / schedule: ____________________________
Measurable disease by RECIST criteria: Yes □ No □ U/K
Disease Evaluable Yes □ No U/K
Lesion amenable to biopsy: No □ Yes □ site _________________
Prior cancer surgery: No □ Yes ____________________________
Prior radiotherapy: No □ Yes ____________________________
Number of prior systemic therapies (chemo / immuno / targeted / hormones): _______________
Details (regimen, number of cycles, best response): ____________________________

Estimated prognosis:
Comorbidities:

Medications (attach date stamped list) or list each drug, dose, duration, indication: