The National Maternity Hospital

Gynaecology Referral Form

Guidance in assessing, managing and referral of some problems can be found at ***www.nmh.ie***

Please email completed referral form to: gynaeCRO@nmh.ie Incomplete Referrals will be Returned

Patient Name:		Hospital:	National Maternity Hospital
Date of Birth:		GP/Referrer Name:	
Address:		GP/Referrer Address:	
Tel/Contact Number:			
Sex at birth	Female ☐ Male ☐	Translator Required	Yes ☐ No ☐
Gender identifies as:	Female ☐ Male ☐ Other ☐	Language	_____

Referral to (Tick box)

☐ General	☐ Hysteroscopy	☐ Fertility
☐ Urogynaecology	☐ Cervical Review Clinic	☐ GP Led Coil Clinic
☐ Adolescent	☐ Perineal Clinic	☐ Transgender Clinic
☐ Recurrent Miscarriage Clinic		☐ Menopause – Please use specific referral form

Referral Priority:* ☐ Urgent ☐ Semi Urgent ☐ Routine

Preferred Consultant:

Reason for referral/ Anticipated outcome: *

Patient In Agreement with remote consultation: Yes ☐ No ☐

Presenting 'Red Flag' symptoms:*

☐ No red-flag symptoms (see reason for referral)	☐ Post-menopausal bleeding
☐ Abnormal Bleeding	☐ Intermenstrual bleeding
☐ Post-coital Bleeding	☐ Pelvic/Abdominal Mass
☐ Swelling	☐ Intractable Pelvic Pain
☐ Haemoglobin < 10 (No non-gynae cause identified)	☐ Other

Symptoms Duration: *

Examination or Imaging/laboratory findings suggestive of neoplasia:* (please attach full report to referral)

Number of live births:		Type of delivery:	
Date of last delivery:		Number of miscarriages, stillbirths, or neonatal deaths:	

Date of last Menstrual Period if known (DD/MM/YY):

Is patient pregnant: Yes ☐ No ☐ EDD if pregnant			
Previous Gynaecology procedure:			
Most recent Cervical Screening Test (DD/MM/YY):	/ /	Result of most recent smear:	
Patient on Hormonal Contraception:		Patient on HRT:	

General History:	Previous Hospital Attendance:	
	History of presenting complaints*:	
	History of Past Illness:	
	History of Surgical Procedures:	
	Allergies/Adverse Medication Events:	
	Additional Needs:	
	Mobility Issues:	
	Relevant Family History:	

Pulse:	bpm	Body Height:	Metres
BP Systolic / Diastolic:	/ mm/hg	Body Mass Index:	Kg/M
Weight:	Kg		

Clinical Exam (Including Pelvic Examination) :	
Investigations and Results: (Please attach all results to assist correct triage)	Results Attached ☐ FBC ☐ Ferritin ☐ TFTs ☐ Hormonal Profile ☐ Tumour markers ☐ Coag Screen ☐ Swabs ☐ MSU ☐ Smear result ☐ Pelvic ultrasound ☐ MRI /CT ☐ Relevant previous medical correspondence

Social History:	Drinker:	Smoker:
	Next of Kin:	
Current Medication:	Patient on Anticoagulants:	
	Current Medications:	
Additional Relevant Information:		

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