



– UK Cancer and Transition Service –

Patient Self-Referral Form

This form is for patients who have concerns about how their cancer diagnosis may be affected by hormones or surgeries that form part of their transition, and would like their case discussed at our meeting of specialist health professionals. If appropriate, you will also be offered a clinic appointment.

You can also ask your doctor to fill in the clinical referral form. If you are a doctor looking to refer a patient, you should fill in that form.

Please return this form to: chelwest.ucats@nhs.net

For us to discuss your case, we need permission to contact your doctor and to collect clinical information from you:

I consent to the UCATS team contacting my cancer specialist Yes / No

I consent to the UCATS team contacting my cancer specialist Yes / No

I consent to the UCATS team contacting my GP Yes / No

PRINT NAME:_____

SIGNATURE:

DATE:

Your details:

Surname		NHS No	
First Names		Hospital Number	
Title & Pronouns used		Address	
Date of birth		Post code	
Sex assigned at birth		Gender Identity	
Mobile Number		Email address	

Your Cancer consultant's details:

Name:

Specialty:

Hospital:

Secretary Tel No:

Your Gender Identity Clinic / Care Provider details:

Clinic Name:

Specialty:

Last clinician you saw:

Secretary Tel No:

Your GP's details:

Name:

Address:

Practice Name:

Tel No:

Cancer History

Brief outline of any specific question(s) being asked:

Tumour Type:

Age / year of diagnosis:

Detected by: You / Screening / Found by chance on a scan / Found by chance at surgery

Surgery to-date:

Radiotherapy:

Chemotherapy/Hormonal therapy:

Date (from/to)

Drug(s)

Family history (please give family member and age at diagnosis):

Additional Medical history:

Other Medications:

Allergies:

Gender Affirming Care

Please fill in these details as best you can and also enclose last lessons from any doctors treating your cancer.

Current / previous gender identity clinic(s)

Name

Date(s)

Current hormone therapy:

Agent	Dose	Frequency	Response

Additional info

Agent	Dose	Frequency	Response

Additional info

Previous surgery if assigned female at birth:

Bilateral mastectomy and male chest reconstruction:	Yes / No	Date:
---	----------	-------

Hysterectomy and bilateral salpingoophorectomy:	Yes / No	Date:
---	----------	-------

Previous surgery if assigned male at birth:

Female breast augmentation:	Yes / No	Date:
-----------------------------	----------	-------

Orchidectomy / Vaginoplasty / Vulvoplasty	Yes / No	Date:
---	----------	-------

Additional risk factors:

Smoker?	Current / past / never	Cig / day
---------	------------------------	-----------