

Gynaecological disorders questionnaire - Physician

(Includes abnormal cervical/PAP smear, hysterectomy, menstrual problems, etc.)

Full name:

Application number:

1. What gynaecological disorder does/did your patient suffer from?

2. When did the symptoms first appear?

3. Please advise details of any investigations carried out, or which are planned in the future, including dates and results.

4. Please advise details of any treatment, including surgery, carried out or which is planned in the future, including dates and results.

5. Was there any suspicion of malignancy? Yes No

If YES, please advise how this was confirmed/excluded and exact histology from any excision or surgery.

6. Is the condition now fully resolved? Yes No

If YES, please advise when your patient last had symptoms and when discharged from follow up.

If NO, please advise full details of any continuing symptoms and comment on prognosis.

7. Is there is a history of abnormal cervical smear? Yes No

If YES, please advise:

a) details of all abnormal smears including dates and results.

b) what treatment was given and what were the results?

c) details of any subsequent cervical smears.

8. Does or did your patient require a hysterectomy?

Yes No

If YES, please advise:

a) when and where was/will this be carried out?

b) what was the post-operative histology report?

c) how long after the surgery was it before the patient resumed full usual activities?

9. Please give dates and duration of any time off work due to the condition.

10. Please comment on any other features or co-morbid conditions which may influence the prognosis of this condition.

Signature

Date

Please print name and add clinic stamp