



Chelsea and Westminster Hospital
NHS Foundation Trust

In partnership with



- 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, surgery, or any other aspects of their gender identity journey.

If this applies to you, you can use this form to request an appointment with the UCATS team. We can also invite your usual care team if you would like.

You can also ask your doctor or nurse to fill in the clinical version of this referral 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 gender specialist	YES	/NO
I consent to the UCATS team contacting my GP	YES	/NO

Print Name			
Signature can be electronic or typed		Date	

Reasons for Referral

Please tell us what you would like to discuss with us, including any questions or concerns.

Please fill out the following details to the best of your knowledge. You can leave things blank if you are unsure.

Title and Pronouns		NHS Number	
First Name(s)		Surname	
Name known to GP *if different		Date of Birth	
Address		Post Code	
Gender Identity		Sex Assigned at Birth	
Mobile Number		Email Address	
Ethnicity		Hospital number *if applicable	
Access needs or adaptations			

Medical History

Cancer History

Please also send us any recent letters that you have received from your cancer consultant.

Tumour type	
Age / year of diagnosis	
Cancer treatment Please provide dates / timeline if you can	
Family history Please give family member and age at diagnosis	

Other Medical History

Additional medical history	
Other medications	
Allergies	

Gender Affirming Care

Please also send us any recent letters that you have received from your gender consultant.

Hormonal therapy Medication, dose, and frequency.	
Gender affirming surgeries Please include dates if applicable	

Contact Details for Consultants**Your cancer consultant's details**

Name	
Specialty	
Hospital	
Secretary phone number / email	

Your Gender Identity Clinic / Care Provider details

Clinic name	
Specialty	
Last clinician you saw	
Secretary phone number / email	

Your GP's details

Named GP or last clinician you saw	
Practice name	
Address	
Phone number / email	

Where did you find out about UCATS?

GP / Gender clinic / Cancer clinician or hospital / Online / Friend or Family /
Macmillan / Other: _____

NOTE: If need support with completing this form, please contact us via email at: chelwest.ucats@nhs.net