Postmenopausal bleeding: referral

Original independent practice. All patient details, observations and individual care arrangements are fictional. Assume that today's date is 3 November 2026. Ms Randall has attended your general practice today. Allow 45 minutes: 5 minutes reading and 40 minutes writing. You are Ms Joline Randall's general practitioner. Using the case notes, write a referral letter to Dr Kaylie Dennis, Gynaecologist, Gynaecology Outpatient Clinic, 26 Park Road, SW1V 3JD, United Kingdom. Request urgent assessment of her unexplained postmenopausal bleeding, explaining the findings and investigation status without presenting a confirmed diagnosis. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Ms Joline Randall	☐	☐	☐
2. DOB: 14/04/1967 (59 yrs)	☐	☐	☐
3. Address: 8 Orchard Road, SW1V 3JD	☐	☐	☐
Social background			
4. Lives with partner; works part-time as bookkeeper; independent; partner can provide transport	☐	☐	☐
5. Can attend clinic at short notice; prefers afternoons	☐	☐	☐
6. Complained that reception staff were unfriendly	☐	☐	☐
Medical history			
7. Remote appendicectomy; no ongoing complications	☐	☐	☐
8. Hypertension; stable on unchanged treatment, details held by GP	☐	☐	☐
9. Menopause aged 51; no bleeding until current episodes	☐	☐	☐
10. Never used HRT; no anticoagulants or tamoxifen	☐	☐	☐
11. No known drug allergies	☐	☐	☐
Previous assessment and progress			
12. 19/08/26: vaginal dryness; no bleeding or discharge; symptoms for 3/12; examination then deferred	☐	☐	☐
13. Non-hormonal moisturiser advised → dryness improved; used intermittently; no vaginal oestrogen prescribed	☐	☐	☐
14. 2023 cervical screening: negative; no previous abnormal results	☐	☐	☐
Current assessment — 03/11/26			
15. 03/11/26: light vaginal spotting 31/10 and 02/11; first postmenopausal episodes	☐	☐	☐
16. Neither episode postcoital; no pelvic pain or offensive discharge	☐	☐	☐
17. No haematuria, rectal bleeding or change in bowel habit; appetite unchanged	☐	☐	☐
18. No weight loss; BMI 33	☐	☐	☐
19. Speculum: pale mucosa; no visible bleeding source or cervical lesion	☐	☐	☐
20. Bimanual examination: no palpable mass or tenderness	☐	☐	☐
21. Currently well; no active bleeding at examination	☐	☐	☐
22. TVUS requested today; appointment unallocated; no endometrial sampling performed	☐	☐	☐
23. Pt initially assumed spotting was from dryness	☐	☐	☐
Plan			
24. Explained: cause uncertain; atrophy possible, not confirmed; investigation necessary	☐	☐	☐
25. No treatment commenced for bleeding	☐	☐	☐
26. Urgent gynaecology referral today; do not await ultrasound appointment	☐	☐	☐
27. Request assessment and appropriate endometrial investigation	☐	☐	☐
28. Pt understands referral does not establish cancer; agrees to attend	☐	☐	☐