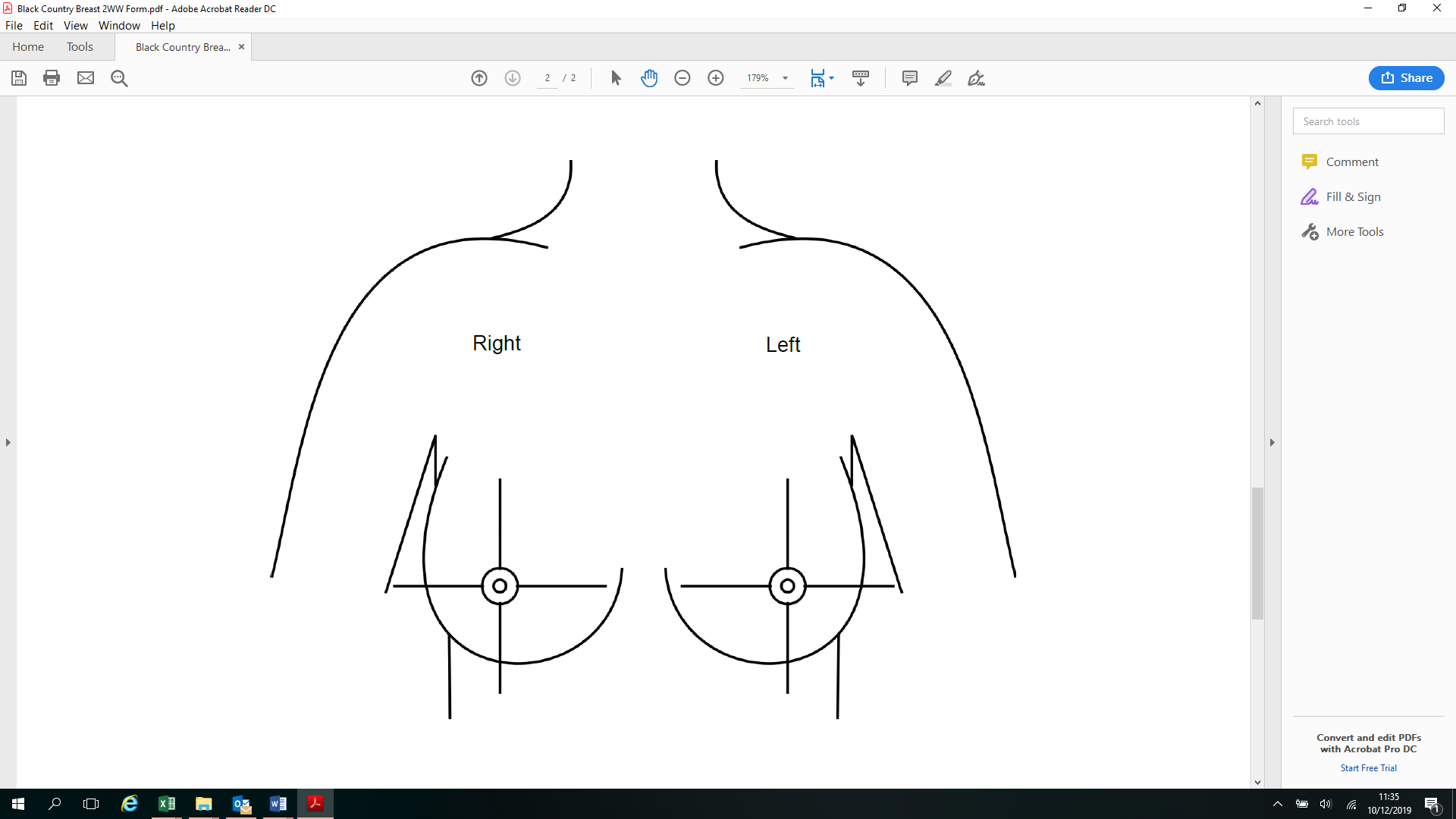
**UHB BREAST REFERRAL FORM – FEMALE patients only**

|  |  |
| --- | --- |
| Please use this referral form for all urgent & symptomatic (non-urgent) Breast Clinics.  DO NOT use for asymptomatic family history patients, cosmetic surgery etc. | |
| **PATIENT DETAILS** | **REFERRING GP** |
| **Name** | **Name** |
| **NHS Number** | **Address** |
| **DOB Age** |  |
| **Gender** |  |
| **Address** | **Practice Code** |
|  | **Tel No** |
| **Tel No:** | **Fax** |
| **Mobile No:** | **Email** |
| **Email** | **Decision to refer Date** |
| **Do you consent to be contacted by text message?: Y N**  [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]  [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] | **Date of Referral** |
| **Interpreter required?**  (specify language) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2ww Suspected Cancer**  Please only use this section if you feel this patient is LIKELY to have Breast Cancer | **Yes** | **Symptomatic/Non-urgent**  Please use this section if Breast Cancer is NOT suspected | **Yes** |
| Discrete, hard lump ± fixation, ± skin tethering |  | Women agreed <30 years with a lump |  |
| 30 years and older with a discrete lump that persists post period/menopause |  | Patients with breast pain alone (no palpable abnormality).  **Please don’t refer until tried primary care management as cancer extremely unlikely (4-6 weeks regular NSAID or paracetamol as a minimum – see Breast Pain Pathway)**  [**https://www.breastcancercare.org.uk/publications/benign-breast-conditions/breast-pain-bcc71**](https://www.breastcancercare.org.uk/publications/benign-breast-conditions/breast-pain-bcc71) |  |
| **Spontaneous unilateral bloody or blood stained** nipple discharge or which stains clothes |  | Asymmetrical nodularity or thickening that persists at review after menstruation. |  |
| Nipple retraction or distortion of recent onset (<3 months onset) |  | Infection or inflammation that fails to respond to antibiotics |  |
| Skin distortion/ tethering/ ulceration/ Peau d’orange |  | Unilateral eczematous skin areola or nipple.  **Please do not refer until tried topical treatment such as 0.1% mometasone for 2 weeks** |  |
| Unexplained lump in axilla |  | Spontaneous, non-bloody nipple discharge that is persistent or troublesome |  |
| Other reason to suspect cancer. Please give details |  |  |  |

|  |
| --- |
| **Details: (please include duration and site of symptoms)** |
| **Relevant PMH** |
| **Current Medication** |
| **Anticoagulation** |
| **Allergies** |
| **Family Hx breast or ovarian cancer Yes No** |
| **Accessibility/Capacity Issues:**  Deaf Blind Wheelchair access Learning Disability Other |
|  |

**Please indicate site of lesion:**



**For Red Pathway Patients Only – Please Tick Box**

* I have informed the patient if they have symptoms which may be caused by cancer, that they are being referred to the rapid access suspected cancer and the nature of the tests likely to take place.
* I have provided the patient with a 2 Week Wait information leaflet
* The patient has confirmed they are available to attend within 2 weeks.
* Patient happy to receive text alert to advise of appointment

**Please attach this completed form when booking via the Choose and Book system**

**Any referrals received without a completed form will be rejected**