**Suspected Breast Cancer and Symptomatic Breast Referral Form**

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| **Patient Details** | | | |
| Surname: | | Date of Birth: | |
| Forename(s): | | Gender: | |
| Address (inc postcode): | | NHS Number: | |
| Telephone Numbers  **Please check tel nos with patient** | Tel No (Home): | Tel No (work): | Tel No (Mobile): |
| **GP Details** | | | |
| Referring GP: | | GP Tel No: | |
| Practice Name: | | Practice Email Address: | |
| Practice Address: | | Date of decision to refer: | |

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| **Patient Information** | | | |
| Does your patient have a learning disability? | | | YesNo |
| Is your patient able to give informed consent? | | | YesNo |
| Is your patient fit for day case investigation? | | | YesNo |
| If a translator is required, please specify language: | | | |
| Is patient on any of the following medications? | | | |
| Aspirin | YesNo | Indication for therapy: | |
| Clopidogrel /Prasugrel etc . | Yes No | Indication for therapy: | |
| Warfarin | Yes No | Indication for therapy: | |
| NOAC (Rivaroxaban etc.) | Yes No | Indication for therapy: | |
| Insulin | Yes No |  | |

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| It would be helpful if you could provide performance status information (please tick as appropriate)  Fully active  Able to carry out light work  Up & about 50% of waking time  Limited to self-care, confined to bed/chair 50%  No self-care, confined to bed/chair 100% |

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| Please confirm that the patient is aware that this is a suspected cancer referral: Yes No |
| Date(s) that patient is unable to attend within the next two weeks:  *If patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.* |

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| **Clinical Summary** | |
| **Please detail: reasons for referral, clinical findings, significant PMH, medications OR attach a referral letter containing this information.** | |
| **Referral Criteria** | |
| ***All breast referrals are on a TWO WEEK PATHWAY.***  ***Please choose the correct option below to enable the patient to be seen in the right clinic type.*** | |
| ***Suspected Cancer Referral***  ***Please use this red section only for patients at higher risk of a cancer diagnosis as per the criteria below.*** | ***Symptomatic Breast Referral***  ***Please use this blue section for patients at lower risk of a cancer diagnosis, as per the criteria below.*** |
| Aged **30 and over** and have an unexplained breast lump  **Please describe size and location of lump:**  [Advice on gynaecomastia](https://patient.info/doctor/gynaecomastia) | aged **under 30** with an unexplained breast lump with or without pain  **Please describe size and location of lump:**  [Advice on gynaecomastia](https://patient.info/doctor/gynaecomastia) |
| Aged 50 and over with any of the following symptoms in one nipple only:  discharge *(spontaneous: clear or bloody)*  retraction (*new onset and sustained)*  other changes of concern | **Breast pain only** – ***if initial treatment fails*** *Please use see guidance on managing breast pain prior to referral [* [*Northern*](https://northeast.devonformularyguidance.nhs.uk/referral-guidance/northern-locality/breast/breast-pain) */* [*Eastern*](https://northeast.devonformularyguidance.nhs.uk/referral-guidance/eastern-locality/breast/breast-pain) */* [*Western*](https://southwest.devonformularyguidance.nhs.uk/referral-guidance/western-locality/breast/breast-pain) */* [*Southern*](https://southwest.devonformularyguidance.nhs.uk/referral-guidance/south-devon-torbay/breast/breast-pain)*]. Patients with normal examination may not undergo imaging* |
| ***Consider Suspected Cancer Referral*** | **Male breast lump**  *See Guidance [* [*Northern*](https://northeast.devonformularyguidance.nhs.uk/referral-guidance/northern-locality/breast/gynaecomastia) */* [*Eastern*](https://northeast.devonformularyguidance.nhs.uk/referral-guidance/eastern-locality/breast/gynaecomastia) */* [*Western*](https://southwest.devonformularyguidance.nhs.uk/referral-guidance/western-locality/breast/gynaecomastia) */* [*Southern*](https://southwest.devonformularyguidance.nhs.uk/referral-guidance/south-devon-torbay/breast/https:/southwest.devonformularyguidance.nhs.uk/referral-guidance/south-devon-torbay/breast/gynaecomastia)*]*  **Only men with suspected breast cancer should be referred to this service.**  If gynaecomastia without high risk features for breast cancer please consult the guidance on the [North & Eas](https://northeast.devonformularyguidance.nhs.uk/referral-guidance/eastern-locality/breast/gynaecomastia)t, or [South & West](https://southwest.devonformularyguidance.nhs.uk/referral-guidance/western-locality/breast/gynaecomastia) Joint Formulary. If blood tests indicate a possible systemic disorder as a cause for gynaecomastia please refer to Endocrinology. |
| aged 30 and over with an unexplained lump in the axilla  **Please describe size and location of lump** |
| haveskin changes that suggest breast cancer |
| Suspected recurrence of previous breast cancer |
|  | Other (please detail in Clinical details section)  Including patients requiring follow up after moving to the area, reconstruction discussion or prosthetic fitting required. **Please attach a referral letter** |

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| **For hospital to complete** UBRN:  Received Date: |