**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?  | [ ]  Yes[ ] No  |
| Is your patient able to give informed consent?  | [ ]  Yes[ ] No  |
| Is your patient fit for day case investigation?  | [ ]  Yes[ ] No  |
| If a translator is required, please specify language:        |
| Is patient on any of the following medications?  |
| Aspirin  | [ ] Yes[ ] No  | 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.*** ***If the physical examination is normal, simple breast pain is not associated with an increased risk of cancer.*** ***Please look at the*** [***joint formulary***](https://northeast.devonformularyguidance.nhs.uk/referral-guidance/eastern-locality/breast/breast-pain) ***for more information on breast pain.***  |
| ***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%3A/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:  |