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| Suspected Breast Cancer and Symptomatic Breast 2ww Referral Form |

# \*EXCLUDING COSMETIC / RECONSTRUCTION / FAMILY HISTORY REFERRALS

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| Date of decision to refer: |  | Date referral received at Trust:  |  |

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| Patient Details | Surname: First Name: Title:  |
| DOB: / / Age NHS Number:  |
| Ethnicity: Main language spoken: |
| Interpreter required: Yes / No Transport required: Yes / No Mobility:  |
| Patient Address:  Postcode:  |
| Contact numbers:Home: Mobile: Email:  |
| Practice Details | Registered GP Name:  |
| Practice Name:  |
| Practice Address: |
| GP Telephone Number: |
| Referring Clinician: |
| Capacity to give consent:  |

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|  **Most recent mammogram:** Yes[ ]  No: [ ]  Date:  |

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| **2ww Suspected Cancer****Please only use this section if you feel this patient is LIKELY to have Breast Cancer** | Yes | **Symptomatic****cancer NOT suspected****(ALL patients are seen within 2 weeks)** | Yes |
| Discrete, hard lump ± fixation, ± skin tethering | [ ]  |  < 30 years with a lump  | [ ]  |
| >30 years with a discrete lump that persists post period / menopause | [ ]  | Patients with breast pain alone (no palpable abnormality). **Please consider primary care management for 4-6 weeks (topical NSAID / oral paracetamol) as cancer extremely unlikely. See** [**breast pain guidance**](https://www.breastcancercare.org.uk/publications/benign-breast-conditions/breast-pain-bcc71)**.** | [ ]  |
| With **spontaneous unilateral bloody or blood stained** nipple discharge which stains clothes | [ ]  |  |  |
| With nipple retraction or distortion of recent onset (<3 months onset) | [ ]  | Asymmetrical nodularity or thickening that persists at review after menstruation | [ ]  |
| Skin distortion / tethering / ulceration / Peau d’orange | [ ]  | Infection or inflammation that fails to respond to antibiotics | [ ]  |
| Unexplained lump in axilla | [ ]  | Unilateral eczema of nipple / areola **please consider topical steroid treatment for 2 weeks** prior to referral | [ ]  |
| Suspected recurrence of previous breast cancer | [ ]  | Unilateral, spontaneous, nipple discharge that is persistent or troublesome | [ ]  |
| [ ]  **Male patients with a breast lump:** Male patients with [gynaecomastia](https://patient.info/doctor/gynaecomastia). Please ensure patient has the following bloods prior to referral: ☐U&Es ☐ LFTs ☐ TSH ☐ LH ☐ FSH ☐ LDH ☐ AFP ☐ HCG ☐ Oestradiol ☐ Testosterone. |
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| **Additional Information:** * **Cosmetic referrals –** (appearance enhancing) requires IFR (individual funding request).
* **Reconstruction** **–** (post-surgery) is available on the NHS
* **Family history referrals** – please refer to family history clinic / genetics
* **None of the above or unsure about referral? –** please contact local breast unit for advice and guidance.
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| **Clinical history: (Please include duration and site of symptoms)**Right: [ ]  Left: [ ]  Bilateral: [ ] Duration / Site:  |

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| Further Information: (alternatively attach patient summary) |
| Other significant information / diagnoses: |
| Previous breast history (including implants) |
| Medical history: |
| Family History: |
| Relevant Investigations  |
| Current medications (please list here, or attach)**Anticoagulants:** Yes [ ]  No [ ]  |
| **Allergies:** |

**Please tick YES if any of the following apply to your patient:**

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| ☐ | Patient has cognitive impairment that may affect their mental capacity for consent. If yes, please confirm date best interests meeting completed: \_\_/\_\_/\_\_\_\_ |
| ☐ | Patient has significant mobility impairment |
| ☐ | Patient has significant sensory impairment (specify): |
| ☐ | Patient will require an interpreter (specify language): |
|  |
| ☐ | **The patient is aware that this is a fast track referral to exclude breast cancer** |
| ☐ | The patient has been provided with a cancer pathway leaflet |
| ☐ | The patient is aware and able to attend an outpatient appointment within the next two weeks |
| ☐ | The patient is aware they may have imaging prior to seeing a clinician. |

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| **WHO Performance Status (please tick)** |
| **0**☐**1**☐**2**☐**3**☐**4**☐ | Fully active Restricted in physically strenuous activity but ambulatory and able to carry out light work Ambulatory and capable of self-care, unable to carry out work activities, up & about 50% of waking hours Capable of only limited self-care, confined to bed/chair 50% of waking hours No self-care, confined to bed/chair 100% |

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

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