NOTE: This form is NOT for patients aged < 16 years

East and North Hertfordshire NHS Trust

BREAST SUSPECTED CANCER REFERRAL FORM (INCLUDING EXHIBITED SYMPTOMS)

Date of GP decision to refer: Click here to enter a date. No. of pages sent:

EMAIL REFERRAL TO: twowwgpreferrals.enh-tr@nhs.net

PATIENT DETAILS – Must provide current telephone number.

Last name: First name:

Gender: M ☐ F ☐ DOB:

NHS No:

Address:

Tel (mobile/daytime):

Tel (evening):

Patient agrees to telephone message being left? Y ☐ N ☐

Email:

Interpreter required? Y ☐ Language/Hearing:

Learning difficulties? Y ☐

Mental capacity assessment required? Y ☐

Known safeguarding concerns? Y ☐

Mobility requirements (unable climb on/off bed)? Y ☐

TYPE OF 2WW REFERRAL

☐ **Suspected cancer**	☐ **Exhibited breast symptoms**

HORMONAL STATUS

☐ N/A: Patient is male

☐ Premenopausal ☐ Postmenopausal

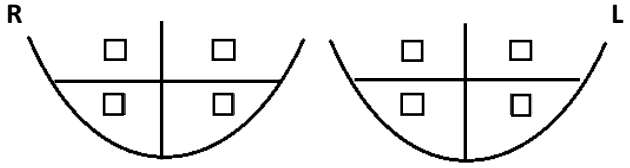
☐ On HRT Type of HRT:

☐ Hormonal contraceptive Please specify:

SYMPTOMS (SUSPECTED CANCER REFERRAL)	Left	Right
Unexplained lump with or without pain **(>30 yrs)**	☐	☐
Focal or diffuse nodularity	☐	☐
Ulceration	☐	☐
Abscesses/infection **NOT responding to Antibiotics**	☐	☐
IF ≥50 yrs with one nipple inversion/retraction	☐	☐
IF ≥50 yrs with one nipple discharge (blood-stained)	☐	☐
IF ≥50 yrs with one other nipple change	☐	☐
Skin changes: dimpling/tethering	☐	☐
Skin changes such as eczema/rash **which is NOT responding to topical treatment**	☐	☐
IF ≥ 30 yrs WITH unexplained lump in axilla **[2015]**	☐	☐
IF < 30 yrs WITH lump persisting after period AND strong family h/o breast cancer	☐	☐
MEN: IF >40 yrs AND unilateral firm subareolar mass **NOT thought to be skin lesion or lipoma**	☐	☐

PLEASE INDICATE SITE OF CONCERN

(Use left/right above for nipple symptoms)



GP DETAILS

GP name:

Practice Code:

Address:

TEL:

FAX:

Practice email:

Practice's direct access telephone/GP mobile – for use by Consultant only:

INVESTIGATIONS IN SUPPORT OF REFERRAL

Please describe lump:

Size (cm):

☐ Fixed ☐ Hard ☐ Enlarges ☐ Persists > next period

PATIENT MEDICAL HISTORY

Risk factors:

☐ Family h/o breast cancer ☐ Previous breast cancer

☐ Previous benign breast disease

Existing conditions & smoking status:

☐ Current smoker ☐ Referred to stop-smoking service

Current medication (attach list & indications):

Allergies Y ☐

Anticoagulants/Antiplatelets Y ☐

Immunosuppressants Y ☐

Diabetic Y ☐

WHO Patient Performance status (see key below)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

SYMPTOMATIC REFERRAL (OR ADDITIONAL INFO)

Please outline reasons for breast symptomatic referral or use this space for addition (suspected cancer) information:

DISCUSSIONS WITH PATIENT PRIOR TO REFERRAL

Cancer needs to be excluded	☐
Patient given referral information leaflet	☐

Date(s) unavailable in next 14 days:

PLEASE ATTACH A PATIENT SUMMARY INCLUDING: REFERRAL LETTER, INVESTIGATION RESULTS, PMH, CURRENT MEDICATIONS LIST AND INDICATIONS

If your patient does not meet NICE suspected cancer referral criteria, but you feel they warrant further investigation, please disclose full details in your referral letter.

If you have not received acknowledgement within 48 hours (Mon-Fri) contact 2ww supervisor on 01438 285206

WHO PATIENT PERFORMANCE STATUS KEY

0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out light/sedentary work, e.g. house or office work.
2	Ambulatory and capable of self-care, but unable to carry out work activities. Up and active > 50% of waking hours.
3	Capable of only limited self-care. Confined to bed or chair >50% of waking hours.
4	Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair.

FOR HOSPITAL USE ONLY

Date referral received:	_ _/_ _/_ _ _ _	If 1st appointment date not accepted, give reason/s:
1st appointment date offered:	_ _/_ _/_ _ _ _	
2nd appointment date offered:	_ _/_ _/_ _ _ _	