|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BREAST SUSPECTED CANCER REFERRAL FORM**  Date of GP decision to refer:<Today's date> No. of pages sent: | | | | | | | | | | | | | |
| **NOTE: This form is NOT for use for patients under 16**  **MALE PATIENTS ONLY** | | | | | | | | | | | | | |
| **INFORMATION PROVIDED TO PATIENT (To be provided by referring Clinician) please tick** | | | | | | | | | | | | | |
| Patient has been informed that cancer needs to be excluded | | | | | | | | | | | |  | |
| Patient has been given written information leaflet regarding the 2 week wait pathway | | | | | | | | | | | |  | |
| Patient has confirmed they are available for the next 14 days | | | | | | | | | | | |  | |
| **PATIENT DETAILS** – **Must provide current telephone number** | | | | | | | | | | | | | |
| Last name: | | <Patient Name> | | | | First name: | | | | <Patient Name> | | | |
| Gender: | | <Gender> | | | | DOB: | | | | <Date of Birth> | | | |
| NHS No: | | <NHS number> | | | | Ethnicity: | | | | <Ethnicity> | | | |
| Address: | | <Patient Address> | | | | | | | | | | | |
| Tele (Day/Work): | | <Patient Contact Details> | | | | Tele (Evening/Home): <Patient Contact Details> | | | | | | | |
| Mobile No: | | <Patient Contact Details> | | | | Patient happy for a message to be left | | | | | | |  |
| Email: | | <Patient Contact Details> | | | | | | | | | | | |
| **GP DETAILS** | | | | | | | | | | | | | |
| GP name: | | <GP Name> | | | | | | | Practice Code: <GP Details> | | | | |
| Practice Address: | | <GP Details> | | | | | | | | | | | |
| Telephone: | | <GP Details> | | | | | Practice email: | | | | | | |
| Bypass no.: | |  | | | | | | | | | | | |
| **WHO PERFORMANCE STATUS** | | | | | | | | | | | | Select one | |
| 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 more than 50% of waking hours. | | | | | | | | | | |  | |
| 3 | Capable of only limited self-care. Confined to bed or chair more than 50% of waking hours. | | | | | | | | | | |  | |
| 4 | Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair. | | | | | | | | | | |  | |
| **ADDITIONAL CONSIDERATIONS** | | | | | | | | | | | | | |
| Transport required? | | | |  | | | | **If yes, please give details:**    <Diagnoses> <Diagnoses>  <Diagnoses> <Diagnoses>  <Diagnoses>, | | | | | |
| Speech/Language/Hearing difficulties? | | | |  | | | |  | | | | | |
| Carers details | | | |  | | | |  | | | | | |
| Learning difficulties? Cognitive or sensory impairment? | | | |  | | | |  | | | | | |
| Safeguarding concerns? | | | |  | | | |  | | | | | |
| Mobility impairment? (unable to climb on/off bed)? | | | |  | | | |  | | | | | |
| **BACKGROUND INFORMATION/RISK FACTORS** | | | | | | | | | | | | | |
| BMI | | | <Numerics>, <Numerics> | | Smoker/ex-smoker | | | | | | <Diagnoses>, <Numerics> | | |
| Alcohol | | | <Diagnoses>, <Numerics> | | Allergies | | | | | | <Allergies & Sensitivities> | | |
| Relevant family history | | |  | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **2ww Suspected Cancer**  **Please only use this section if you feel this patient is LIKELY to have Breast Cancer**  **Tick all that apply** | **Yes** | **Symptomatic**  **Cancer NOT suspected**  **Tick all that apply** | **Yes** |
| Discrete, hard lump ± fixation |  | Unexplained lump in axilla |  |
| Nipple retraction or distortion of recent onset (<3 months onset) |  | Gynaecomastia with **no obvious**  **physiological or drug cause (including**  **anabolic steroids, Finasteride/Propecia, cannabis use).**  Consider primary care management – see https://patient.info/doctor/gynaecomastia |  |
| Spontaneous unilateral and bloody/blood-stained nipple discharge |  | Spontaneous, unilateral nipple discharge that is persistent or troublesome |  |
| Skin distortion / tethering / ulceration / Peau d’orange |  | With unilateral eczematous skin of areola or nipple  **Please don't refer until tried topical treatment such as 0.1% mometasone for 2 weeks** |  |

|  |
| --- |
| **FURTHER INFORMATION** |
| **DURATION AND SITE OF SYMPTOMS:**    <Event Details> |
| **Additional information:** |
| **Previous breast history:** |
| **Active medical history:**    <Problems>  <Summary> |
| **Investigations THE FOLLOWING TESTS ARE MANDATORY. PLEASE REQUEST AND DO NOT WAIT FOR RESULT TO SEND THIS FORM:**  **U&E; LTFs; Oestradiol; LH; FSH; TSH; AFP; HCG; LDH; Testosterone** |

**Blood Results** (Last 2m):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FBC** | <Numerics> | Hb <Numerics>, WCC <Numerics>, Plts <Numerics>, MCV <Numerics>, Neut <Numerics> | | |
| **UE** | <Numerics> | Na <Numerics>, K <Numerics>, Urea <Numerics>, Creat <Numerics>, eGFR <Numerics> | | |
| **LFT** | <Numerics> | ALT <Numerics>, Alk Phos <Numerics>, Bili <Numerics>, Alb <Numerics>, GGT <Numerics>, Serum globulin <Numerics>, Total Protein <Numerics> | | |
| **CRP** | <Numerics> | <Numerics> | **ESR** | <Numerics> |
| **TFTs** | <Numerics> | TSH <Numerics>, Free T4 <Numerics> | **INR** | <Numerics> |
| **Bone** | <Numerics> | Ca <Numerics>, Ca cor <Numerics>, Ca adj <Numerics>, Phos <Numerics> | | |
| **Iron** | <Numerics> | Ferritin <Numerics>, Iron Saturation <Numerics>, TIBC <Numerics> | | |
| **Vitamins** | <Numerics> | B12 <Numerics>, Folate <Numerics>, Vit D <Numerics> | | |
| **Lipids** | <Numerics> | Chol <Numerics>, LDL <Numerics>, HDL <Numerics>,Chol:HDL ratio <Numerics>, Tri <Numerics> | | |
| **Random Glucose** | | <Numerics> | **Fasting Chol.** | <Numerics> |
| **Fasting Glucose** | | <Numerics> | **HbA1c** | <Numerics> |









