**Pan London Suspected Breast Cancer/Breast Clinic Referral Form**

[Press the <Ctrl> key while you click here to view the Pan London Suspected Cancer Referral Support Guide](https://myhealth.london.nhs.uk/wp-content/uploads/2019/04/Pan-London-Suspected-Cancer-Referral-Support-Guide.pdf)

**REFERRAL DATE:** 

**This form should be used to refer a patient to their hospital of choice via E-referral (e-RS).**

**ALL suspected cancer referrals MUST be sent via e-RS within 24 hours.**

[Press the <Ctrl> key while you click to view a list of London hospitals](https://www.myhealth.london.nhs.uk/nhsrefer/formlinks/web/breast)   
***Please check on e-RS if a hospital can accept the referral***

**PATIENT DETAILS**

**SURNAME:**       **FIRST NAME:**       **TITLE:** 

**GENDER:**       **DOB:**        **AGE:****NHS NO:** 

**ETHNICITY:**        **LANGUAGE:** 

**INTERPRETER REQUIRED**  **TRANSPORT REQUIRED**

**PATIENT ADDRESS:**       **POSTCODE:** 

**DAYTIME CONTACT** **TEL:** 

**HOME TEL:**       **MOBILE TEL:**       **WORK TEL:** 

**EMAIL:** 

**CARER/KEY WORKER DETAILS**

**NAME:**       **CONTACT TEL:**       **RELATIONSHIP TO PATIENT:** 

**COGNITIVE, SENSORY OR MOBILITY IMPAIRMENT**

**COGNITIVE**   **SENSORY**  **MOBILITY**   **DISABLED ACCESS REQUIRED**

**PLEASE INCLUDE RELEVANT DETAILS:** 

**SAFEGUARDING**

**SAFEGUARDING CONCERNS**

**PLEASE INCLUDE RELEVANT DETAILS:** 

**GP DETAILS**

**USUAL GP NAME:** 

**PRACTICE NAME:**       **PRACTICE CODE:**  

**PRACTICE ADDRESS:** 

**BYPASS TEL:** 

**MAIN TEL:**       **FAX:**       **EMAIL:** 

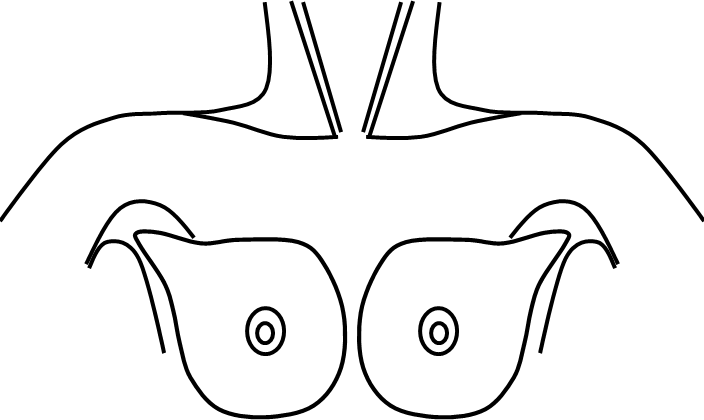
**REFERRING CLINICIAN:** 

|  |  |
| --- | --- |
| **Please indicate by ticking one box** | |
| **SUSPECTED BREAST CANCER** will be assessed within 2 weeks | |
| **BREAST SYMPTOMS (CANCER NOT SUSPECTED)** will be assessed within 2 weeks  This form should NOT be used for patients who need to be referred because of a family history of breast cancer or for reconstructive surgery. Please refer by eRS or letter as per local guidelines. | |
| **SUSPECTED BREAST CANCER**  **(NICE NG12 CRITERIA)**  Please only use this section if you suspect breast cancer:  **30 years and over** | **BREAST SYMPTOMS**  Cancer NOT suspected: | |
| unexplained/discrete breast lump  unexplained lump in axilla  Skin changes that suggest breast cancer Tether / contour change/ peau d’orange  **Unilateral** nipple symptoms  Discharge: blood / watery  inversion / retraction / ulceration  other changes or concern | aged <30 years with a lump  Persistent asymmetrical nodularity or thickening at review after menstruation  Infection or inflammation that fails to respond to antibiotics  Unilateral eczematous skin of areola or nipple: **Please do not refer until tried topical treatment** such as 0.1% mometasone for 2 weeks  **Please do not refer bilateral multiduct discharge.** | |
| **Referral is due to CLINICAL CONCERNS that do not meet above criteria (the GP MUST give full clinical details in the ‘additional clinical information’ box at time of referral)** | | |
| **Recommendations for management of BREAST PAIN:**  Breast pain alone is not a sign of breast cancer and should be managed with the following advice:   1. Provide patient with information sheet: [Press the <Ctrl> key while you click here to view the information sheet https://breastcancernow.org/information-support/have-i-got-breast-cancer/benign-breast-conditions/breast-pain](https://breastcancernow.org/information-support/have-i-got-breast-cancer/benign-breast-conditions/breast-pain) and direct to video for patients about breast pain:  [Press the <Ctrl> key while you click here to view the video](https://youtu.be/v0FkthTQggc) 2. If required, analgesia (e.g. 4-6 weeks NSAID [oral /topical]) or paracetamol   **Recommendations for investigations and management of GYNAECOMASTIA see ABS guidelines:**  <https://associationofbreastsurgery.org.uk/media/65097/abs-summary-statement-gynaecomastia-2019.pdf> | | |

[Press the <Ctrl> key while you click here to view Pan London Suspected Breast Cancer Referral Guide](https://myhealth.london.nhs.uk/wp-content/uploads/2019/04/Pan-London-Suspected-Cancer-Referral-Guide-Breast.pdf" \o "This web link takes you to the Pan London Cancer Referral Support Guide for Gynaecological  Cancer)

**EXAMINATION FINDINGS**

**Please mark the breast diagram below and/or provide a clinical description below it.**

****

**HOW TO MARK THE DIAGRAM**

**Place the mouse cursor over the diagram at the position of the lesion. Click the left mouse button. Use the keyboard to mark the diagram (X marks the lesion). Use the mouse or arrow keys to move left or right or to adjacent lines. Please do not press the <ENTER> key as it may cause alignment problems with your markers.**

**CLINICAL DESCRIPTION (including site, size, consistency and axillary involvement):**     

**Additional clinical information:**

**Personal/relevant patient information:**

**Past history of cancer:**

**History of breast cancer:**

**Relevant family history of cancer:**

|  |  |
| --- | --- |
|  | **I have discussed the possible diagnosis of cancer with the patient** |
|  | **The patient has been advised that they will be contacted by secondary care by telephone** |
|  | **I have advised the patient that they should prioritise this appointment. I have offered the pan London COVID -19 patient information leaflet. Offering written patient information improves patient experience and reduces non-attendance.**  [Press the <Ctrl> key while you click here to view the patient leaflet](https://www.healthylondon.org/resource/covid-19-cancer-referral-resources/) |
|  | **This patient has been added to the practice suspected cancer safety-netting system**  [**Press the <Ctrl> key and click here to view to view information on Cancer Safety Netting System**](https://www.healthylondon.org/wp-content/uploads/2020/04/Key-safety-netting-messages-during-Covid-19-pandemic-Final-version-9th-April-2020-003.pdf)**s** |

**INVESTIGATIONS**

**Please ensure this referral includes ALL the relevant investigations including blood tests and imaging.  If there are any pending test results that you have organised at the time of this referral please provide information including TYPE OF INVESTIGATION requested (bloods, imaging) and TRUST performing the tests in the box below.**

**CLINICALLY-SPECIFIC AUTOMATIC TABULATED DATA**

**BREAST IMAGING STUDIES (in past 6 months) Please include date:**       **and location:**      

**RENAL FUNCTION (most recent recorded in past 6 months)**

**ROUTINE AUTOMATIC TABULATED DATA**

**MEDICAL HISTORY**

**ALLERGIES**

**MEDICATION**

**OFFICE USE ONLY**