[**TOP TIPS**](https://www.transformationpartners.nhs.uk/wp-content/uploads/2022/11/Top-Tips-Suspected-Breast-Cancer-Referral.pdf)  
**Breast urgent referrals**

**Pan London Suspected BREAST Cancer Referral Form**

**Referral should be sent via e-RS with this form attached within 24 hours**

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| Surname: «PATIENT\_Surname» | First name: «PATIENT\_Forename1» |
| Referral date: «SYSTEM\_Date» | NHS number: «PATIENT\_Current\_NHS\_Number» |
| Patient’s hospital of choice: [     ] [Click here to access the Hospitals Directory](https://www.transformationpartners.nhs.uk/programmes/cancer/early-diagnosis/two-week-wait-referral-repository/london-hospitals-taking-referrals-for-urgent-suspected-cancers/) | |

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| **1. REASON FOR REFERRAL – ESSENTIAL**  *See* [Pan London Suspected Breast Cancer Referral Guide](https://www.transformationpartners.nhs.uk/usc-breast-cancer-clinical-guide/) | |
| ***Please record in the space below a detailed narrative giving the history of the problem, the findings on physical examination and why you feel the patient may have cancer.*** | |
|  | **Site/Side:**  **Size:**  **Description:** |

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| **2. SPECIFIC CRITERIA FOR REFERRAL – ESSENTIAL** |
| **URGENT REFERRAL FOR SUSPECTED BREAST CANCER – Female at birth or with breasts due to exogenous oestrogen** |
| Unexplained breast lump  Unexplained axilla lump  Unilateral nipple symptoms • Discharge: blood/watery • Inversion/retraction/ulceration • Other changes/concern  Skin changes that suggest breast cancer |
| **URGENT REFERRAL FOR SUSPECTED BREAST CANCER – Male at birth** |
| Aged ≥ 50 and over with a sub-areolar lump |

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| **NON-URGENT REFERRAL for breast symptoms (Breast Cancer NOT suspected)** |
| Aged <30 years with a lump  Persistent asymmetrical nodularity /thickening at review after menstruation  Infection/ inflammation that fails to respond to antibiotics *- Please list antibiotics tried*  Unilateral eczematous skin of areola or nipple *- Confirm tried topical treatment for 2 weeks*  Inverted nipples  Male <50 with sub-areola lump  Breast pain for over 3 months ***– Please note breast pain alone is not a sign of breast cancer, see links below:***  [Breast Pain Patient Information Leaflet](https://breastcancernow.org/information-support/have-i-got-breast-cancer/benign-breast-conditions/breast-pain) [Breast pain video for patients](https://www.youtube.com/watch/v0FkthTQggc) [Management of Gynaecomastia](https://associationofbreastsurgery.org.uk/media/65097/abs-summary-statement-gynaecomastia-2019.pdf)  **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.** |

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| **3. INFORMATION FOR HOSPITAL ASSESSMENT – ESSENTIAL** | |
| **WHO Performance status** | |
| **0** Fully active  **1** Restricted physically but ambulatory and able to carry out light work  **2** Ambulatory more than 50% of waking hours; able to carry out self-care  **3** Limited self-care; confined to bed or chair more than 50% of waking hours  **4** Completely disabled; cannot carry out any self-care. The patient is totally confined to bed or chair | |
| **Other access needs -** *please detail per the selected options in the field below* | |
| Interpreter required If Yes, Language:  Transport required  Wheelchair access required | Cognitive impairment including dementia  Learning disability ([see London LD contacts](https://www.england.nhs.uk/london/london-clinical-networks/our-networks/learning-disabilities/publications/))  Mental health issues that may impact on engagement  SMI |
| Details of learning disabilities, access needs and reasonable adjustments: | |

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| **4. ADDITIONAL IMPORTANT CLINICAL INFORMATION** |
| Past history of cancer: |
| Relevant family history of cancer (breast or ovarian): |
| Safeguarding concerns: |
| Other relevant information about patient’s circumstances: |
| Patient referred/previously investigated for similar symptoms at other hospital/service?  No  Yes, please give details: |

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| I have discussed the **possible diagnosis of cancer** with the patient [(Patient Information Resources)](https://www.transformationpartners.nhs.uk/programmes/cancer/early-diagnosis/two-week-wait-referral-repository/suspected-cancer-referrals/patient-information-leaflets/) |
| I have advised the patient to **prioritise this appointment and confirmed they’ll be available within the next 28 days.** |
| The patient has been advised that the hospital care **may contact them by telephone** |
| Patient added to the practice **safety-netting system** and practice will review by DDMMYY *(manual entry)* |

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| **5. REFERRER DETAILS** | |
| Usual GP name: «PATIENT\_Usual\_GP» | Referring clinician: «REFERRAL\_Clinician» |
| Practice code: | Practice address: «PRACTICE\_House» «PRACTICE\_Road», «PRACTICE\_Locality», «PRACTICE\_Town», «PRACTICE\_Postcode» |
| Practice name: «PRACTICE\_Name» | Email: |
| Main Tel: «PRACTICE\_Main\_Comm\_No» | Practice bypass numbers can be found using the [NHS Service Finder website](https://servicefinder.nhs.uk/) |

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| **6. PATIENT DETAILS** | |
| Surname: «PATIENT\_Surname» | First name: «PATIENT\_Forename1» |
| NHS number: «PATIENT\_Current\_NHS\_Number» | Title: «PATIENT\_Title» |
| Gender on NHS record: «PATIENT\_Sex» | Gender Identity:       ***(manual entry)*** |
| Ethnicity: | |
| DOB:«PATIENT\_Date\_of\_Birth» | Age**:** «PATIENT\_Age» |
| Patient address: «PATIENT\_House» «PATIENT\_Road», «PATIENT\_Locality», «PATIENT\_Town», «PATIENT\_Postcode» | |
| Daytime contact Tel: **Work:** «PATIENT\_Main\_Comm\_No» **Home:** «PATIENT\_Alt\_Comm\_No» **Mobile:** «PATIENT\_Mobile\_No» | |
| Email: | |
|  | |
| **Carer/ key worker details:** | |
| Name: | Contact Tel: |
| Relationship to patient: |  |
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| **7. CONSULTATIONS, PAST MEDICAL HISTORY, MEDICATIONS AND INVESTIGATIONS** | |
| ***Please note: You will need to add pending test results, requests and relevant excluded medical history (e.g. trans history, sexual health, private patients) manually in the text boxes below.*** | |
| Consultations:  «CURRENT\_CONSULTATION» | |
| Medical history:  «MEDICAL\_HISTORY» | |
| Medication:  «REPEATS» | |
| Allergies:  «DRUG\_ALLERGY» | |
| Breast imaging studies (in the past 6 months): Date:        Location: | |
| Test results pending (type of investigation) :       Trust / Organisation:       Date: | |
| All Values and Investigations (in the past 6 months): | |
| BMI (latest):  «PATIENT\_BMI» | |
| Weight (last three):  «PATIENT\_Weight» | |
| Blood Pressure (latest):  «PATIENT\_BP» | |
| Safeguarding history: | |
| Learning disability: | |
| Use of wheelchair: | |
| Accessible Information Needs (AIS): | |

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| *The content of these forms will be reviewed as part of regular cancer auditing.*  *Contact* [*England.TCSTLondon@nhs.net*](mailto:England.TCSTLondon@nhs.net) *to report any issues with this form.*  *DO NOT send referral forms with patient identifiable information to this email address.* |