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PAN LONDON SUSPECTED BREAST CANCER/BREAST CLINIC REFERRAL FORM

Please check box: ☐ Suspected Cancer ☐ Non Urgent Breast Clinic

Press the <Ctrl> key while you click here to view the Pan London Suspected Cancer Referral Support Guide

REFERRAL DATE:

E-referral is the preferred booking method for suspected cancer referrals.

If this is not available please email the referral.

Fax is no longer supported due to patient safety and confidentiality risks.

All referrals should be made within 24 hours.

Press the <Ctrl> key while you click here to view the list of hospitals you can refer to

Copy the hospital details from the webpage and paste them onto the line below.

PATIENT DETAILS

SURNAME: FIRST NAME: TITLE:

GENDER: DOB: AGE: NHS NO:

ETHNICITY: LANGUAGE:

☐ INTERPRETER REQUIRED ☐ TRANSPORT REQUIRED

PATIENT ADDRESS: POSTCODE:

DAYTIME CONTACT:

HOME: MOBILE: WORK:

EMAIL:

CARER/KEY WORKER DETAILS

NAME: CONTACT: 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:

MAIN: FAX: EMAIL:

REFERRING CLINICIAN:

REASON FOR SUSPECTED CANCER/NON-URGENT BREAST CLINIC REFERRAL

This form should be used for all suspected breast cancer/breast clinic referrals.

This form should NOT be used for patients who need to be referred because of a family history of breast cancer.

Press the <Ctrl> key while you click here to view Pan London Suspected Breast Cancer Referral Guide

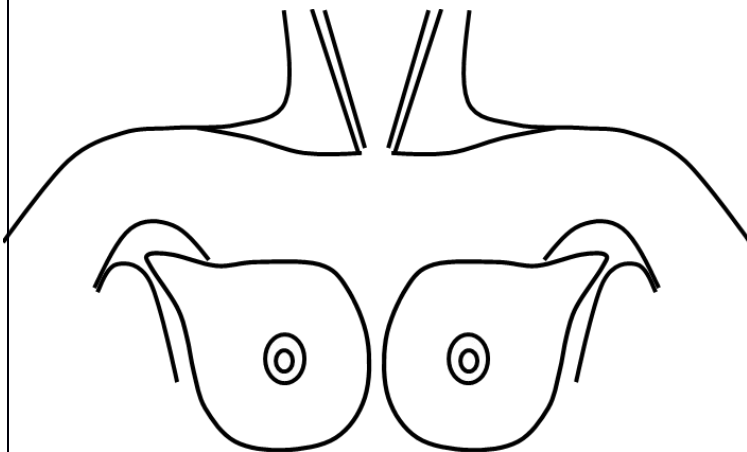
- ☐ Women with a breast lump
 - ☐ Lump suspicious of breast cancer
 - ☐ Lump NOT suspicious of breast cancer (e.g. breast cyst)
- ☐ Women with a persistent or unexplained lump in axilla
- ☐ Women with unilateral nipple discharge (blood-stained/serous), retraction, ulceration, distortion, eczema resistant to topical steroids or other changes of concern
- ☐ Women with skin changes that suggest breast cancer including nodules, ulceration, peau d'orange or dimpling
- ☐ Women with unilateral non-cyclical breast pain persisting beyond one menstrual cycle (higher suspicion if aged ≥ 30)
- ☐ Men aged ≥ 50 with subareolar lump

- ☐ I do not suspect breast cancer as this is a non-urgent referral but expect the patient to be seen within 2 weeks

- ☐ Referral is due to CLINICAL CONCERNS that do not meet NICE/pan-London referral criteria (the GP MUST give full clinical details in the 'additional clinical information' box at time of referral)

EXAMINATION FINDINGS

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



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

Additional clinical information:

Personal/relevant patient information:

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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 and confirmed they will be available for an appointment within the next two weeks
- ☐ I have counselled the patient regarding the referral process and offered the pan-London information leaflet. Offering written patient information increases patient experience and reduces non-attendance. These are available in 11 different languages.

Press the <Ctrl> key while you click here to view the leaflet

- ☐ This patient has been added to the practice suspected cancer safety-netting system

Press the <Ctrl> key while you click here to view Pan London Practice-based Suspected Cancer Safety Netting System

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.

IMAGING STUDIES (in past 3 months) Please include date: and location:

RENAL FUNCTION (most recent recorded in past 3 months)

MEDICAL HISTORY

ALLERGIES

MEDICATION