**Suspected Breast Cancer Two Week Referral Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referrer Details** | **Patient Details** | | | | | | | |
| Name: | Name: | | | | | DoB: | | |
| Address: | Address: | | | | | Gender: | | |
| Hospital No.: | | |
| NHS No.: | | |
| Tel No: | Tel No. (1): | | | | | *Please check tel. nos.* | | |
| Tel No. (2): | | | | |
| Email: | Carer requirements (has dementia or learning difficulties)? | | | | | Capacity concerns? | | |
| Decision to Refer Date: | Translator Required: Yes 🞏 No 🞏 Language……. | | | | Mobility: | | | |
|  | Military Service Person |  | Military Veteran | | |  | Member of Military Family |

|  |
| --- |
| **Level of Concern**  *I think it is likely that this patient has cancer, and would like the patient to be investigated further even if the first test proves negative, including a Consultant to Consultant referral if deemed appropriate. All non-site specific symptoms (e.g. iron deficiency anaemia, unexplained weight loss) are listed in the clinical details section below.*  **Clinical details**  *Please detail your conclusions and what needs excluding or attach referral letter.* |

|  |  |  |
| --- | --- | --- |
| ***Suspected Cancer Referral*** | | ***Consider Symptomatic Breast Referral*** |
| Aged 30 and over and have an unexplained breast lump | | aged under 30 with an unexplained breast lump with or without pain (consider)  Other (please detail in Clinical details section) |
| Aged 50 and over with any of the following symptoms in one nipple only:  discharge  retraction  other changes of concern | |
| ***Consider Suspected Cancer Referral*** | |
| aged 30 and over with an unexplained lump in the axilla (consider) | |
| haveskin changes that suggest breast cancer (consider) | |
| **Please describe size and location of lump** | | |
| **Mammogram in last 3 years? Yes  No**  Location:  Date:  **Re-Referral? Yes  No**  Date Last Referred: | **Family history of breast cancer?** **Yes  No**  If yes please specify: | |
| **Additional guidance**  *nipple retraction – new onset and sustained*  *discharge - spontaneous clear of blood*  *Males Age 50 and over with unilateral firm sub areolar mass with or without nipple distortion and skin changes.* | | |

|  |  |
| --- | --- |
| **Smoking status** | **WHO Performance Status:**  **0** Fully active  **1** Able to carry out light work  **2** Up & about greater than 50% of waking time  **3** Confined to bed/chair for greater than 50%  **4** Confined to bed/chair 100% |
| **BMI if available** |

|  |
| --- |
| Please confirm that the patient has been made aware that this is a suspected cancer referral: Yes No  Please confirm that the patient has received the two week wait referral leaflet: Yes No  Please provide an explanation if the above information has not been given:  If your patient is found to have cancer, do you have any information which might be useful for secondary care regarding their likely reaction to the diagnosis (e.g. a history of depression or anxiety, or a recent bereavement from cancer might be relevant) or their physical, psychological or emotional readiness for further investigation and treatment? |
| Date(s) that patient is unable to attend within the next two weeks  *If patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.* |

|  |
| --- |
| **Please attach additional clinical issues list from your practice system**  **Details to include:**  Current medication, significant issues, allergies, relevant family history, alcohol status and morbidities |

|  |
| --- |
| **Trust Specific Details** |

|  |
| --- |
| ***For hospital to complete*** UBRN:  Received date: |

# Please send via ERS