

Suspected Breast Cancer and Symptomatic



Breast Referral For all patients over the age of 10 years.

(Younger patients will need special consideration and it would be useful to highlight this in your referral)

Priority

Referral Date: Short date letter merged	Priority: Suspected Cancer Referral	NHS Number: NHS Number
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Patient Details / Contact Information

Title: Title	Forename: Given Name	Surname: Surname
Date of Birth: Date of Birth	Gender: Gender(full)	Ethnicity: Ethnic Origin
Address: Home Full Address (stacked)	Home Telephone Number: Patient Home Telephone	Email: Patient E-mail Address
Carer Status: 	OR Mobile Telephone Number: Patient Mobile Telephone	Text Message Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>
Preferred Contact Time: 	Interpreter Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Preferred Language (written): Preferred Language (spoken):

Referrer / Practice Details

Referring Name: Current User	Referrer Code: 	Practice Code: Registered GP Organisation National Practice Code
Registered GP: Registered GP Full Name	Surgery Name: Registered GP Organisation Name	Surgery Address: Registered GP Full Address (stacked)
Surgery Telephone Number: Organisation Telephone Number	Generic Surgery Email Address: Organisation E-mail Address	

Mandatory Information – *will be returned if not complete*

Most patients will have investigations prior to having an appointment or during their first hospital visit. It is therefore important that patients are prepared for this and aware of the reason for their referral. Please ensure the mandatory information below is provided and all relevant investigations are completed and attached.

		Yes	No
1.	Has the patient been informed they are on a suspected cancer pathway, given appropriate support and advised they need to be available at any time within the next two weeks? If no, please explain why: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Can the patient be contacted by telephone? If yes, have you ensured that the telephone contact details are correct? Landline Number: <input type="text"/> OR Mobile Number: <input type="text"/> If NO, why and what is the preferred method of contact? <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Can the patient be contacted by letter? Please expand below, if needed e.g. "Yes, but in preferred language", "Yes, but letter to be sent to GP Practice", etc.	<input type="checkbox"/>	<input type="checkbox"/>

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4.	Have you told your patient they may have appointments and tests arranged at any hospital across Greater Manchester?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Accurate functional status is needed to assess the most appropriate investigation and treatment. Please select a score from one of the following and enter in the score field:	Score: <input type="text"/>		
	Rockwood Score 1-3			Managing Well. Not limited by any comorbidities
	Rockwood Score 4			Vulnerable, not dependant, symptoms limit activities
	Rockwood Score 5			Mildly frail, evident slowing, need help with daily activities
	Rockwood Score 6			Moderately frail, need help with all outside activities and bathing
	Rockwood Score 7-8			Severely frail, completely dependent for personal care
	Rockwood Score 9	Terminally ill, life expectancy of <6 months		
6.	Are there any concerns about this patient's capability to consent to investigation/treatment? If Yes, has the next of kin/advocate been asked to attend?	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
7.	Is the patient taking anti-coagulants? If Yes please give details: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Is the patient diabetic and taking Metformin? If Yes please give details: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Does the patient require Translation or Interpretation Services? If Yes, which language: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Does the patients have any other health conditions, impairments or access requirements that may require support? (e.g. physical/ learning disability): <input type="text"/>			

Referral Reason *(include relevant family history and previous history of cancer)*

Cancer Suspected Please only use this section if you feel this patient is likely to have breast cancer	Yes	Symptomatic (aim to be seen within 2 weeks)	Yes
Suspicious Lump <ul style="list-style-type: none"> ▪ Discrete hard lump ± fixation ± skin tethering ▪ 30 years and older with a discrete lump that persists after period / patient post-menopausal ▪ Unexplained lump in axilla 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lump <ul style="list-style-type: none"> ▪ Women aged <30 with a lump ▪ Asymmetrical nodularity or thickening that persists at review after menstruation 	<input type="checkbox"/> <input type="checkbox"/>
Skin distortion / tethering / ulceration / peau d'orange	<input type="checkbox"/>	Infection or inflammation that fails to respond to antibiotics	<input type="checkbox"/>
Nipple discharge that is: <ul style="list-style-type: none"> ▪ Bloody, blood stained, or serous AND ▪ Spontaneous AND ▪ Unilateral 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nipple discharge that is: <ul style="list-style-type: none"> ▪ Troublesome or persistent AND ▪ Spontaneous AND ▪ Unilateral 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Nipple retraction or distortion of recent onset (<3 month onset)	<input type="checkbox"/>	Unilateral eczematous skin of areola or nipple. Please do not refer unless no improvement after at least 2 weeks of topical steroid treatment	<input type="checkbox"/>
Previous breast cancer with: <ul style="list-style-type: none"> Suspicion of local or axillary recurrence (refer to treating hospital if possible) Suspicion of distant metastases (in some cases it may be more appropriate to investigate further in primary care, or, if proven metastases, to refer to acute oncology) 	<input type="checkbox"/>	Gynaecomastia with no obvious physiological or drug cause (e.g. anabolic steroids, cannabis, finasteride)	<input type="checkbox"/>
	<input type="checkbox"/>	See patient.info/doctor/gynaecomastia Breast pain alone (no palpable abnormality). Please do not refer unless no improvement after at least 6 weeks of a supportive bra and topical NSAIDs. See cks.nice.org.uk or breastcancercare.org.uk/information-support/benign-breast-conditions/breast-pain	<input type="checkbox"/>

Further information, e.g. site of problem, duration:	
Please do a written referral (not this form) for:	
Family history of breast cancer (see cks.nice.org.uk) Cosmetic issues, e.g. asymmetry, requesting reduction Patient transferring breast cancer follow up as moved	Refer directly to breast family history clinic Complete Funding Request Form, only if criteria met Please enclose details of treatment so far
Please do not refer in:	
Missed screening mammogram Bilateral milky nipple discharge Creamy / green nipple discharge only when squeezing Skin lesions Any child under 10 years old Child 10-16y with galactorrhoea or severe gynaecomastia	→ Patient can phone local breast screening unit directly → Check prolactin ± endocrinology opinion → Advise patient to stop squeezing nipple → Treat in primary care ± dermatology opinion → Refer Paediatrics → Refer Paediatrics
Instead:	

Consultations

Consultations

Pathology

Sodium	Single Code Entry: Serum sodium level	Total Chol.	Single Code Entry: Serum total cholesterol level	WCC	Single Code Entry: Total white cell count...
Potassium	Single Code Entry: Serum potassium level	LDL Chol.	Single Code Entry: Serum low density lipoprotein cholesterol level	Plat	Single Code Entry: Platelet count...
Urea	Single Code Entry: Serum urea level	HDL Chol.	Single Code Entry: Serum high density lipoprotein cholesterol level	MCV	Single Code Entry: MCV - Mean corpuscular volume...
Creatinine	Single Code Entry: Serum creatinine level...	Folate	Single Code Entry: Serum folate level	Ferritin	Single Code Entry: Serum ferritin level
eGFR	Single Code Entry: Glomerular filtration rate...	Bilirubin	Single Code Entry: Serum bilirubin level		

Haematology

Haemoglobin: Haemoglobin
Haemoglobin estimation: Single Code Entry: Haemoglobin estimation
ALT: ALT
Blood Glucose: Blood Glucose

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Alkaline Phosphatase: Alkaline Phosphatase

Radiology

Radiology: Radiology

Diabetic Control

HbA1c: HbA1c

Thyroid Function (if applicable)

T4 / TSH Test (to ensure this is not repeated unnecessarily in secondary care)

T4: Single Code Entry: Serum free T4 level

TSH: Single Code Entry: Serum TSH (thyroid stimulating hormone) level

Health Profile

Problems

Medication

Allergies

Family History

Alcohol Consumption

Smoking

Weight

Height

BMI

Blood Pressure

Long Term Conditions

IHD: Single Code Entry: Aortocoronary artery bypass graft repeated...

Diabetes: Single Code Entry: Diabetes mellitus without complication...
Single Code Entry: Diabetes mellitus type 1 with ketoacidotic coma...

Hypertension: Single Code Entry: Hypertensive disease...

Epilepsy: Single Code Entry: Recurrent complex partial epilepsy...

Stroke/TIA: Single Code Entry: Anterior cerebral artery syndrome...

Parkinson's: Single Code Entry: Parkinson's disease...

Dementia: Single Code Entry: Circumscribed cerebral atrophy...

COPD: Single Code Entry: Acute vesicular emphysema...

CKD: Single Code Entry: Chronic kidney disease stage 4...

Neoplasms: Single Code Entry: [X]Additional neoplasm classification terms...
Single Code Entry: Neuroblastoma of central nervous system...

Contraception

FOR FEMALE PATIENTS ONLY

(please check medication screen for items that may not have filtered through)

Single Code Entry: Prescribed postcoital oral contraceptive pill...