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:	Priority:	NHS Number:
Short date letter merged	Suspected Cancer Referral	NHS Number

Patient Details / Contact Information

Title:	Forename:	Surname:
Title	Given Name	Surname
Date of Birth:	**Gender:**	**Ethnicity:**
Date of Birth	Gender(full)	Ethnic Origin
Address:	**Home Telephone Number:**	**Email:**
Home Full Address (stacked)	Patient Home Telephone	Patient E-mail Address
Carer Status:	**OR Mobile Telephone Number:**	**Text Message Consent:**
	Patient Mobile Telephone	Yes ☐ No ☐
Preferred Contact Time:	**Interpreter Required:**	**Preferred Language (spoken):**
	Yes ☐ No ☐	Single Code Entry: Main spoken language
	Single Code Entry: Interpreter not needed...	**Preferred Language (written):**

Referrer / Practice Details

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

		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:	☐	☐
2.	Can the patient be contacted by telephone? If yes, and the number is different from above, please enter here: Landline Number: OR Mobile Number: If NO, why and what is the preferred method of contact?	☐	☐

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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.	☐	☐
4.	Have you told your patient they may have appointments and tests arranged at any hospital across Greater Manchester? Initial appointments are still likely to be at your local trusts.	☐	☐
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: Single Code Entry: Rockwood Clinical Frailty Scale score...	
	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?	☐ ☐	☐ ☐
7.	Is the patient taking anti-coagulants? If Yes please give details:	☐	☐
8.	Is the patient diabetic and taking Metformin? If Yes please give details:	☐	☐
9.	Does the patient require Translation or Interpretation Services? If Yes, which language:	☐	☐
10.	Does the patients have any other health conditions, impairments or access requirements that may require support? (e.g. physical/ learning disability):		

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

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 ▪ 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	☐ ☐ ☐	Lump ▪ Women aged <30 with a lump ▪ Asymmetrical nodularity or thickening that persists at review after menstruation	☐ ☐
Skin distortion / tethering / ulceration / peau d'orange	☐	Infection or inflammation that fails to respond to antibiotics	☐

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Nipple discharge that is: ▪ Bloody, blood stained, or serous AND ▪ Spontaneous AND ▪ Unilateral	☐ ☐ ☐	Nipple discharge that is: ▪ Troublesome or persistent AND ▪ Spontaneous AND ▪ Unilateral	☐ ☐ ☐
Nipple retraction or distortion of recent onset (<3 month onset)	☐	Unilateral eczematous skin of areola or nipple. **Please do not refer unless no improvement after at least 2 weeks of topical steroid treatment**	☐
Previous breast cancer with: ▪ 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)	☐ ☐	Gynaecomastia with no obvious physiological or drug cause (e.g. anabolic steroids, cannabis, finasteride) 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**	☐

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:		**Instead:**
Missed screening mammogram	→	Patient can phone local breast screening unit directly
Bilateral milky nipple discharge	→	Check prolactin ± endocrinology opinion
Creamy / green nipple discharge only when squeezing	→	Advise patient to stop squeezing nipple
Skin lesions	→	Treat in primary care ± dermatology opinion
Any child under 10 years old	→	Refer Paediatrics
Child 10-16y with galactorrhoea or severe gynaecomastia	→	Refer Paediatrics

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		

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Haematology

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

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