**Pan London COVID-19 Suspected Breast Cancer/Breast Clinic Referral Form**

**REFERRAL DATE:**

**E-referral is the preferred booking method for suspected breast cancer/breast symptoms referrals.**

**All referrals should be made within 24 hours.**

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

**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:**

**COVID – 19 STATUS (please tick one of the boxes below before referring)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **[ ]**  | **Not at risk** | **[ ]**  | **At risk**  | **[ ]**  | **At very high risk**  |

|  |
| --- |
| **Please indicate by ticking one box** |
| [ ]  **SUSPECTED BREAST CANCER** will be assessed within 2 weeks  |
| [ ]  **BREAST SYMPTOMS (CANCER NOT SUSPECTED)** will be assessed within 2 weeksThis 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.  |
| **SUSPECTED BREAST CANCER** **(NICE NG12 CRITERIA)**Please only use this section if you suspect breast cancer:**30 years and over** | **BREAST SYMPTOMS** Cancer NOT suspected: |
| [ ]  unexplained/discrete breast lump [ ]  unexplained lump in axilla[ ]  Skin changes that suggest breast cancer Tether / contour change/ peau d’orange[ ]  **Unilateral** nipple symptoms[ ]  Discharge: blood / watery[ ]  inversion / retraction / ulceration[ ]  other changes or concern | [ ]  aged <30 years with a lump[ ]  Persistent asymmetrical nodularity or thickening at review after menstruation[ ]  Infection or inflammation that fails to respond to antibiotics[ ]  Unilateral eczematous skin of areola or nipple: **Please do not refer until tried topical treatment** such as 0.1% mometasone for 2 weeks**Please do not refer bilateral multiduct discharge.** |
| **[ ]  Referral is due to CLINICAL CONCERNS that do not meet above criteria (the GP MUST give full clinical details in the ‘additional clinical information’ box at time of referral)** |

**Recommendations for management of BREAST PAIN:**

Breast pain alone is not a sign of breast cancer and should be managed with the following advice:

1) Provide patient with information sheet: <https://breastcancernow.org/information-support/have-i-got-breast-cancer/benign-breast-conditions/breast-pain>

2) If required, analgesia (e.g. 4-6 weeks NSAID [oral /topical]) or paracetamol

**Recommendations for investigations and management of GYNAECOMASTIA see ABS guidelines:**

<https://associationofbreastsurgery.org.uk/media/65097/abs-summary-statement-gynaecomastia-2019.pdf>

**EXAMINATION FINDINGS**

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

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 **HOW TO MARK THE DIAGRAM**

**Place the mouse cursor over the diagram at the position of the lesion. Click the left mouse button. Use the keyboard to mark the diagram (X marks the lesion). Use the mouse or arrow keys to move left or right or to adjacent lines. Please do not press the <ENTER> key as it may cause alignment problems with your markers.**

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

**Additional clinical information:**

**Personal/relevant patient information:**

**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 that they will be contacted by secondary care by telephone** |
| [ ]  | **I have counselled the patient regarding that they should prioritise this appointment but expect changes to routine investigations and management. I have offered the pan London** **COVID -19 patient information leaflet. Offering written patient information increases patient experience and reduces non-attendance.** [Press the <Ctrl> key while you click here to view the leaflet](https://www.healthylondon.org/resource/covid-19-cancer-referral-resources/) |
| [ ]  | **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](https://www.healthylondon.org/resource/covid-19-cancer-referral-resources/) |

**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.**

**CLINICALLY-SPECIFIC AUTOMATIC TABULATED DATA**

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

**RENAL FUNCTION (most recent recorded in past 3 months)**

**ROUTINE AUTOMATIC TABULATED DATA**

**MEDICAL HISTORY**

**ALLERGIES**

**MEDICATION**

**OFFICE USE ONLY**