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| **Suspected Breast Cancer and Breast Symptoms Referral Form** | |
| [**Please refer to the Frimley Health Suspected Cancer Guidelines before completing this form.**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1043) | |
| To make referral via eRS please use | Speciality: **2WW** Clinic Type: **2WW** **Breast** |

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| **Date of Decision to Refer:** | |  | |
| **Trust name:** | | |  |
|  | Frimley Health NHS Foundation Trust | |  |

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| **Patient details** | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | | | |  | | | First name: | | | |  | | | | | Title: | | |  | | |
| Sex assigned at birth: | | | | |  | | | DOB: | | | |  | | | | | NHS number: | | |  | | |
| Ethnicity: | | | | |  | | | Interpreter required: | | | | Please Select: | | | | | Language: | | |  | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | |
| Tel. home: | | | | |  | | | | | | | Tel. mobile: | | | | |  | | | | | |
|  | Preferred contact | | | | | | | | | | |  | Preferred contact | | | | | | | | | |
| **GP practice details** | | | | | | | | | | | | | | | | | | | | | | |
| Usual GP Name: | | | |  | | | | | | | | | | | | | | | | | | |
| Address: | | | |  | | | Practice name: | | | |  | | | | | Practice code: | | |  | | | |
| Tel. main line: | | | |  | | | | | | | Tel. direct line: | | | | |  | | | | | | |
| Referring clinician: | | | |  | | | | | | | Practice Email: | | | | |  | | | | | | |
| **Patient engagement and availability** | | | | | | | | | | | | | | | | | | | | | | |
| I confirm the following: | | | | | | | | | | | | | | | | | | | | | | |
|  | | The possibility that the diagnosis may be cancer has been discussed with the patient | | | | | | | | | | | | | | | | | | | | |
|  | | The patient has been offered a [suspected cancer referral leaflet](https://surreyandsussexcanceralliance.nhs.uk/application/files/5816/5539/7238/PIN220524-1840_Patient_information_for_urgent_suspected_cancer_referrals_A4_HiRes.pdf) | | | | | | | | | | | | | | | | | | | | |
|  | | The patient has been informed that they could be contacted at any time within the next 28 days and availability/attendance is strongly advised | | | | | | | | | | | | | | | | | | | | |
|  | | Please note any dates the patient is NOT available for an appointment (virtual or face to face) in the next 28 days: | | | | | | | | | | | | | | | | | | | |  |
| **Patients WHO performance status** | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Grade** | Explanation of activity | | | | | | | | | | | | | | | | | | | |
|  | | **0** | Fully active, able to carry on all pre-disease performance without restriction. | | | | | | | | | | | | | | | | | | | |
|  | | **1** | Restricted in physically strenuous activity but ambulatory and able to carry out light/sedentary work, e.g. house or office work. | | | | | | | | | | | | | | | | | | | |
|  | | **2** | Ambulatory and capable of self-care, but unable to carry out work activities. Up and active 50% of waking hours. | | | | | | | | | | | | | | | | | | | |
|  | | **3** | Capable of only limited self-care. Confined to bed or chair 50% of waking hours. | | | | | | | | | | | | | | | | | | | |
|  | | **4** | Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair. | | | | | | | | | | | | | | | | | | | |
| **Please detail any Cognitive/sensory/mobility impairment /Learning Disability if known:** | | | | | | | | | | | | | | | | | | | | | | |
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| **Carer/Keyworker name** | | | | | |  | | | | | **Contact details** | | | | | | |  | | | | |
| **Relationship to Patient** | | | | | |  | | | | | | | | | | | | | | | | |
| Is transport likely to be required? | | | | | | | | | Yes |  | No | | |  |  | | |  | | |  | |

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| [**Use hyperlink to access supporting guidance for both suspected cancer and symptomatic:**](https://surreyandsussexcanceralliance.nhs.uk/health-professionals/primary-care/suspected-cancer-referral-forms-and-guidance) |

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| [**Suspected Cancer**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1043)  **Please use this section if your patient is LIKELY to have Breast Cancer** | | | | | | | | | | **Yes** | | [**Symptomatic**](dxs://SECTION=CPD,ITEMLEVEL=ARTICLE,ITEMCODE=FHC1043)  Cancer **NOT** suspected  The following symptoms do not normally indicate breast cancer but should still be referred using the Urgent Suspected Cancer Referral Proforma with an aim to be seen within 2 weeks: | | | | | | | | | | **Yes** |
|  | | Discrete, hard lump | | | | | | | |  | | A person aged < 30 years with a breast lump | | | | | | | | | |  |
|  | | fixation, | | | | | | | |  | |  |
|  | | skin tethering (any age) | | | | | | | |  | |  |
| Age 30 years and older with an [unexplained](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#unexplained) lump. | | | | | | | | | |  | | A person with breast pain alone (no palpable abnormality) not responding to primary care treatment see below. | | | | | | | | | |  |
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| Age 50 years and over with unilateral nipple changes:   * spontaneous unilateral nipple discharge * retraction * other changes of concern | | | | | | | | | |  | | A person with asymmetrical nodularity/lumpiness or thickening (without discrete lump) that persists after menstruation | | | | | | | | | |  |
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| Nipple retraction or distortion of recent (<3 months) onset | | | | | | | | | |  | | Infection or inflammation that fails to respond to antibiotics | | | | | | | | | |  |
| Skin changes suggestive of cancer inc distortion / tethering / ulceration / peau d’orange | | | | | | | | | |  | | Unilateral, eczematous skin of areola or nipple without other worrying signs such as lump, discharge, bleeding or ulceration that has not responded to primary care treatment e.g. 0.1% mometasone ointment for 2 weeks | | | | | | | | | |  |
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| Age 30 years and older with an [unexplained](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#unexplained) lump in axilla | | | | | | | | | |  | | [Persistent](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#persistent) unilateral, spontaneous, non-bloody nipple discharge in a person assigned female at birth aged under 50 years | | | | | | | | | |  |
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| **Recommendations for the management of Gynaecomastia:**  A person assigned male at birth with physiological gynaecomastia with **no** obvious physiological or drug cause ([see ABS infographic](https://associationofbreastsurgery.org.uk/media/334381/abs-summary-statement-gynaecomastia-pdt-pictogram.pdf) or [ABS Guidance document](https://associationofbreastsurgery.org.uk/media/337465/abs-summary-statement-gynaecomastia-v3.pdf)). Patient information available [here](https://breastcancernow.org/information-support/have-i-got-breast-cancer/breast-lumps-other-benign-conditions/gynaecomastia)  **Recommendations for the management of Breast Pain:**  Consider primary care management e.g. a minimum of 4-6 weeks of regular NSAID or paracetamol commenced and other symptom control advice (ideally up to 12 weeks as per NICE guidance) [NICE guidance](https://www.nice.org.uk/cks-uk-only#!scenario).  Provide the patient with patient information link [here](https://breastcancernow.org/sites/default/files/publications/pdf/bcc71_breast_pain_2018.pdf?utm_source=emailmarketing&utm_medium=email&utm_campaign=breast_pain&utm_content=2021-12-05).  **Note: People assigned female at birth who are over 71 years can** [**self refer for screening**](https://www.gov.uk/government/publications/breast-screening-for-women-aged-71-or-over/71-or-over-you-can-still-have-breast-screening-if-you-choose) **if they are asymptomatic**  **Guildford and Waverley and North West Surrey Only**  Where Direct Access Mammography is available, please consider utilising this for people >40years whose symptoms include breast discomfort/pain only and no other signs such as lumps are found on examination and no previous mammography within the year | | | | | | | | | | | | | | | | | | | | | | |
| **Please note: We recognise Trans and Non-Binary people will present to our service. Please use clinical judgement when accessing and interpreting the hyperlinks provided above** | | | | | | | | | | | | | | | | | | | | | | |
| **Investigations** | | | | | | | | | | | | | | | | | | | | | | |
|  | Breast examination conducted | | | | | | | | | | | | | | | |  | | | | | |
| **EXAMINATION FINDINGS**  Please mark the breast diagram below and/or provide a clinical description below it. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | **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 mouse to mark the diagram (X marks the lesion).** | | | | | |
| **CLINICAL DESCRIPTION** (including site, size, consistency and axillary involvement) | | | | | | | | | | | | | | | | | | | | | | |
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| Relevant family history: *(please specify relationship and age at diagnosis)* | | | | | | | | | | | | | | | | | | | | | | |
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| Details of cosmetic surgery if relevant | | | | | | | | | | | | | | | | | | | | | | |
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| Previous breast imaging? | | | | Yes | | | |  | No | |  | | | |  | | | | | | | |
| *Please give details:* | | | | | | | | | | | | | | | | | | | | | | |
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| **Additional Clinical Information/referral letter**  **If this case has been discussed with the secondary care clinical team, please specify with whom, when and advice given:** | | | | | | | | | | | | | | | | | | | | | | |
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| **Patient summary to include; past medical history; recent investigations; recent blood test results; current, acute and repeat medication last 6 months** | | | | | | | | | | | | | | | | | | | | | | |
| Please select if Yes. | | | | | | | | | | | | | | | | | | | | | | |
|  | Is the patient anticoagulated? | | | |  | | Warfarin | | | | | |  | | | Aspirin | | |  | DOAC | | |
| **Past Medical History** | | | | | | | | | | | | | | | | | | | | | | |
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| **Recent Investigations** | | | | | | | | | | | | | | | | | | | | | | |
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| **Recent blood test results** | | | | | | | | | | | | | | | | | | | | | | |
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| **Medication** | | | | | | | | | | | | | | | | | | | | | | |
| Acute | | | | | | | | | | | | | | | | | | | | | | |
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| Repeats | | | | | | | | | | | | | | | | | | | | | | |
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| **Known Allergies:** | | | | | | | | | | | | | | | | | | | | | | |
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| **Weight** | | |  | | | **Height** | | | | | | | |  | | | | **BMI** | | |  | |
| **Smoker/**  **ever smoked** | | |  | | | | | | | | | | | **Alcohol units** | | | |  | | | | |

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| **If eRS is not available or in business continuity please use relevant trust email address for urgent suspected cancer referral** |

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| **Accessible Information Needs (AIS):** |  |

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| Developed in collaboration with NHS Surrey and Sussex Cancer Alliance |