

# Breast Urgent Suspected Cancer e-Referral Form

Kent and Medway Cancer Alliance

PATIENT DETAILS				GP DETAILS	
Surname:	[MERGED FIELD]	First Name:	[MERGED FIELD]	Name:	[MERGED FIELD]
D.O.B.:	[MERGED FIELD]	Gender:	[MERGED FIELD]	Code:	[MERGED FIELD]
Age:	[MERGED FIELD]	NHS No.:	[MERGED FIELD]	Address:	[MERGED FIELD]
Address:	[MERGED FIELD]			Post code:	[MERGED FIELD]
Post code:	[MERGED FIELD]	Mobile:	[MERGED FIELD]	Tel. No.:	[MERGED FIELD]
Home Tel.:	[MERGED FIELD]	Other Tel Name:		E-mail:	[MERGED FIELD]
Other Tel:		First Language:			
Interpreter required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

PATIENT ENGAGEMENT AND AVAILABILITY	
<b>I confirm the following:</b>	
I have discussed the possibility that the diagnosis may be cancer; I have provided the patient with an Urgent Suspected Cancer referral leaflet and advised the patient that they will need to attend an appointment within the next two weeks	
GP Name:	Date of decision to refer (dd/mm/yy):

REFERRAL CRITERIA
Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for breast cancer if they are: <ul style="list-style-type: none"> <li><input type="checkbox"/> aged 30 and over and have an unexplained breast lump with or without pain <b>or</b></li> <li><input type="checkbox"/> aged 50 and over with any of the following symptoms in <b>one nipple</b> only: <ul style="list-style-type: none"> <li><input type="checkbox"/> discharge</li> <li><input type="checkbox"/> retraction</li> <li><input type="checkbox"/> other changes of concern</li> </ul> </li> </ul>
Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for breast cancer in people: <ul style="list-style-type: none"> <li><input type="checkbox"/> with skin changes that suggest breast cancer <b>or</b></li> <li><input type="checkbox"/> aged 30 and over with an unexplained lump in the axilla</li> </ul>
Consider non-urgent referral in people aged under 30 with an unexplained breast lump with or without pain via e-RS

REFERRAL WHERE NICE NG 12 GUIDANCE IS NOT MET
<b>NOTE:</b> Whilst guidance assists the practice of healthcare professionals, they do not replace their knowledge, skills or clinical judgement. Tick the following boxes if you are unsure if a patient meets the NICE criteria
<input type="checkbox"/> I am very concerned my patient has cancer but they do not meet the NICE NG 12 criteria
If yes, please state why you have suspicions:

CLINICAL INFORMATION	
Relevant clinical details including past history of cancer, family history and examination findings:	
Anticoagulation	Yes <input type="checkbox"/>
Cognitive Impairment (e.g. dementia/learning disability, memory loss etc.)	Yes <input type="checkbox"/>
Is a hoist required to examine the patient?	Yes <input type="checkbox"/>

PATIENT'S WHO PERFORMANCE STATUS
----------------------------------

<input type="checkbox"/>	0	Able to carry on all normal activity without restriction
<input type="checkbox"/>	1	Restricted in physically strenuous activity but able to walk and do light work
<input type="checkbox"/>	2	Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% of waking hours
<input type="checkbox"/>	3	Symptomatic and in a chair or in a bed for greater than 50% of the day but not bedridden
<input type="checkbox"/>	4	Completely disabled; cannot carry out any self-care; totally confined to bed or chair

**ADDITIONAL GP GUIDANCE**

**NOTE:** If significantly compromised by other co-morbidities or with limited life expectancy consider a discussion with the patient and carer regarding whether investigation is necessary

**PATIENT CLINICAL INFORMATION FROM MERGED GP ELECTRONIC RECORDS**

Allergies:	[MERGED FIELD]
Active Problems:	[MERGED FIELD]
Investigations:	[MERGED FIELD]
Significant past history:	[MERGED FIELD]
Current medication:	[MERGED FIELD]
Repeat medication:	[MERGED FIELD]