

SUSPECTED BREAST CANCER AND BREAST SYMPTOMS REFERRAL FORM:

Date of Decision to Refer: [Click or tap here to enter text.](#)

Trust name:

<input type="checkbox"/> Medway NHS Foundation Trust
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Patient details		
Surname: Auto-populated	First name: Auto-populated	Title: Auto-populated
Sex assigned at birth: Auto-populated field	DOB: Click or tap here to enter text. Auto-populated	NHS number: Auto-populated
Ethnicity: Auto-populated	Interpreter required: Choose an item.	Language: Click or tap here to enter text. Auto-populated
Address: Auto-populated		Postcode: Auto-populated field
Tel. home: Auto-populated field <input type="checkbox"/> Preferred contact	Tel. mobile: Auto-populated <input type="checkbox"/> Preferred contact	
Patients WHO performance status		
	Grade	Explanation of activity
<input type="checkbox"/>	0	Fully active, able to carry on all pre-disease performance without restriction.
<input type="checkbox"/>	1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light house work, office work.
<input type="checkbox"/>	2	Ambulatory and capable of self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
<input type="checkbox"/>	3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours.
<input type="checkbox"/>	4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
Weight Auto-populated field	Height Auto-populated field	BMI Auto-populated field
Smoker/ever smoked Auto-populated field		Alcohol units Auto-populated field

[Use hyperlink to access supporting guidance for both suspected cancer and symptomatic:](#)

<u>Suspected Cancer</u>	Yes	<u>Symptomatic</u>	Yes
<p>Please use this section if your patient is LIKELY to have Breast Cancer Patient could be contacted anytime in next 28days but likely within a few days:</p>		<p>Cancer NOT suspected</p> <p>The following symptoms do not normally indicate breast cancer but should still be referred using the Urgent Suspected Cancer Referral Proforma. Patient could be contacted anytime in next 28days but likely within a few days:</p>	
<input type="checkbox"/> Discrete, hard lump <input type="checkbox"/> fixation, <input type="checkbox"/> skin tethering (any age)	<input type="checkbox"/>	A person aged under 30 years with a breast lump or lump in the axilla	<input type="checkbox"/>
Age 30 years and older with an unexplained lump.	<input type="checkbox"/>	A person with breast pain alone (no palpable abnormality) not responding to primary care treatment see below.	<input type="checkbox"/>
Age 50 years and over with unilateral nipple changes: <ul style="list-style-type: none"> - spontaneous unilateral nipple discharge - retraction - other changes of concern 	<input type="checkbox"/>	A person with asymmetrical nodularity/lumpiness or thickening (without discrete lump) that persists after menstruation	<input type="checkbox"/>
Nipple retraction or distortion of recent (<3 months) onset	<input type="checkbox"/>	Infection or inflammation that fails to respond to antibiotics	<input type="checkbox"/>
Skin changes suggestive of cancer inc distortion / tethering / ulceration / peau d'orange	<input type="checkbox"/>	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	<input type="checkbox"/>

Age 30 years and older with an unexplained lump in axilla	<input type="checkbox"/>	Persistent unilateral, spontaneous, non-bloody nipple discharge in a person assigned female at birth aged under 50yrs	<input type="checkbox"/>
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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](#) or [ABS Guidance document](#)). Patient information available [here](#)

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](#).

Provide the patient with patient information link [here](#).

Note: People assigned female at birth who are over 71 years can [self refer for screening](#) if they are asymptomatic

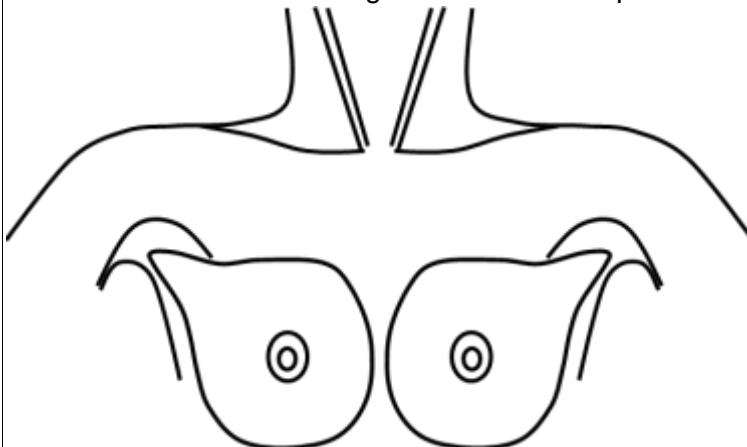
Please note: We recognise Trans and Non-Binary people will present to our service. Please use clinical judgement when accessing and interpreting the hyperlinks provided above

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 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)

[Click or tap here to enter text.](#)

Relevant family history: <i>(please specify relationship and age at diagnosis)</i> Click or tap here to enter text.
Details of cosmetic surgery if relevant Click or tap here to enter text.
Previous breast imaging? <input type="checkbox"/> Y <input type="checkbox"/> N <i>Please give details including date:</i> Click or tap here to enter text.
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:
Auto populate last 5 relevant consultations (click consultations)
Patient summary to include; past medical history; recent investigations; recent blood test results; current, acute and repeat medication last 6 months
Please mark if Yes. <input type="checkbox"/> Is the patient anticoagulated? <input type="checkbox"/> Warfarin <input type="checkbox"/> Aspirin <input type="checkbox"/> DOAC Auto populate major active problems and current medication Known Allergies: Click or tap here to enter text. Auto-populated field Auto populate major active problems and current medication and investigations

GP practice details		
Usual GP Name: Auto-populated		
Address: Auto-populated	Practice name: Auto-populated	Practice code: Auto-populated
Tel. main line: Auto-populated	Tel. direct line: Auto-populated	Date of referral: Auto-populated
Referring clinician: Click or tap here to enter text.		Practice Email: Auto-populated
Patient engagement and availability		
I confirm the following:		
<input type="checkbox"/> The possibility that the diagnosis may be cancer has been discussed with the patient		
<input type="checkbox"/> The patient has been offered written information about referral for urgent suspected cancer		
<input type="checkbox"/> The patient has been informed that they could be contacted at any time within the next 28 days* and availability/attendance is strongly advised *and likely within a few days		
Please note any dates the patient is NOT available for an appointment (telephone or face to face) in the next 28 days: Click or tap here to enter text.		

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



**Kent and Medway
Cancer Alliance**