**SUSPECTED BREAST CANCER AND BREAST SYMPTOMS REFERRAL FORM:**

**Date of Decision to Refer:** Click or tap here to enter text.

**Trust name:**

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| 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  ☐Preferred contact | | | | | Tel. mobile: Auto-populated  ☐Preferred contact | | | |
| **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 work of a light or sedentary nature, e.g. light house work, office work. | | | | | | |
| ☐ | 2 | Ambulatory and capable of self-care but unable to carry out any work activities. Up and about more than 50% of waking hours. | | | | | | |
| ☐ | 3 | Capable of only limited self-care, confined to bed or chair more than 50% of waking hours. | | | | | | |
| ☐ | 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**](https://surreyandsussexcanceralliance.nhs.uk/health-professionals/primary-care/suspected-cancer-referral-forms-and-guidance)**:**

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| [**Suspected Cancer**](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fsurreyandsussexcanceralliance.nhs.uk%2Fapplication%2Ffiles%2F7216%2F5458%2F6057%2FSuspected_Cancer_Referral_Guidance_-_Breast_v1.0_Web_version.docx&wdOrigin=BROWSELINK)  **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: | Yes | [**Symptomatic**](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fsurreyandsussexcanceralliance.nhs.uk%2Fapplication%2Ffiles%2F7216%2F5458%2F6057%2FSuspected_Cancer_Referral_Guidance_-_Breast_v1.0_Web_version.docx&wdOrigin=BROWSELINK)  Cancer **NOT** suspected  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: | Yes |
| Discrete, hard lump  fixation,  skin tethering (any age) |  | A person aged under 30 years with a breast lump or lump in the axilla |  |
| 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. |  |
| 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 |  |
| 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 |  |
| 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 50yrs |  |
| **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-pain-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://cks.nice.org.uk/breast-pain-cyclical#!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** | | | |
| **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** | | | |

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| **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: (*please specify relationship and age at diagnosis*)  Click or tap here to enter text. |
| Details of cosmetic surgery if relevant  Click or tap here to enter text. |
| Previous breast imaging? Y N  *Please give details including date:* 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.  Is the patient anticoagulated? Warfarin Aspirin 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 |

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| **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: | | | |
| ☐ The possibility that the diagnosis may be cancer has been discussed with the patient | | | |
| ☐ The patient has been offered written information about referral for urgent suspected cancer | | | |
| ☐ 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**