Worcestershire Acute Hospitals NHS Trust

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| **BREAST REFERRALS**  If you wish to include accompanying letter, please do so.  **\*INDICATES MANDATORY FIELDS** |

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| **PATIENT DETAILS** | | | | | | | |
| **Surname:** | | **Forename:** | | | **DOB:** | | |
| **Address:** | | **NHS Number:** | | | **Referring GP:**  **Address:**  **Contact Tel No:**  **GP signature:** | | |
| **Tel No. (1):** | | **Interpreter required:**  Yes  No  If yes, language: | | |
| **Tel No. (2):** | |
| **BMI** | **Weight** |
| \*I have informed the patient this is a suspected cancer referral | | | | | |  | |
| \*I have emphasised to the patient the importance of being available over next 14 days for an urgent appointment | | | | | |  | |
| \*I have given the patient the 2-week wait patient information leaflet | | | | | |  | |
| **REASON FOR REFERRAL** | | | | | | | |
| **2 ww Suspected Cancer** | | | **Yes** | **Symptomatic** | | | **Yes** |
| Discrete, hard lump ­+ fixation, ­+ skin tethering | | |  | Women aged < 30 years with a lump | | |  |
| 30 years and older with a discrete lump that persists post period / menopause | | |  | Patients with breast pain alone (no palpable abnormality)  **Please don’t refer until tried primary care management as cancer extremely unlikely (4-6 weeks regular NSAID or paracetamol as a minimum – see best practice guidance)**  <https://www.breastcancercare.org.uk/publications/benign-breast-conditions/breast-pain-bcc71>  <https://cks.nice.org.uk/breast-pain-cyclical> | | |  |
| With **spontaneous unilateral bloody or blood stained** nipple discharge or which stains clothes | | |  | Asymmetrical nodularity or thickening that persists at review after menstruation | | |  |
| With nipple retraction or distortion of recent onset (<3 months onset) | | |  | Infection or inflammation that fails to respond to antibiotics | | |  |
| Skin distortion / tethering / ulceration / Peau d’orange | | |  | With unilateral eczematous skin or areola or nipple : **please don’t refer until tried topical steroid treatment for 2 weeks** | | |  |
| Unexplained lump in axilla | | |  | Unilateral, spontaneous, nipple discharge that is persistent or troublesome | | |  |

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| **Additional history / comments (including medications, allergies, medical history and/or any recent investigations)** | |
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| **WHO Performance status (see scale below, please tick one) 0  1  2  3  4** | |
| **WHO 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 all 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 |

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