Worcestershire Acute Hospitals NHS Trust

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

|  |
| --- |
| **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  | [ ]  |

|  |
| --- |
| **Additional history / comments (including medications, allergies, medical history and/or any recent investigations)**  |
|  |
| **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 |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |
|  |
|  |