**WIRRAL BREAST SERVICE REFERRAL FORM**

**This form has two parts for clinical information, it is essential to complete the correct part.**

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| **2 WW URGENT**  **SUSPECTED CANCER** | **SYMPTOMATIC**  **CANCER NOT SUSPECTED** |

# Additional guidance links

Breast pain information – <https://www.wuth.nhs.uk/media/16210/breast-pain-information-for-gps-2.pdf>

Nipple eczema – <https://www.wuth.nhs.uk/media/16207/nipple-eczema-version-1.pdf>

Nipple discharge - <https://www.wuth.nhs.uk/media/15868/abs-summary-statement-nipple-discharge-v1.pdf>

Gynaecomastia – <https://www.wuth.nhs.uk/media/15869/abs-summary-statement-gynaecomastia-2019.pdf>

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| PATIENT ENGAGEMENT – THIS IS A MANDATORY FIELD | | | | | | | |
| 1. This for is for both 2WW Cancer Referral and 2WW Symptomatic clinics. Has the patient been advised appropriately? If cancer is suspected the patient should be informed and given a 2WW cancer information letter YES   If no, explain why: | | | | | | | |
| 1. Have you ensured that the telephone contact details are correct? Yes? | | | | | | | |
| 1. Is the patient available for an appointment within the next two weeks? Yes? | | | | | | | |
| **REFERRER’S DETAILS** | | | | | | | |
| **Referring GP** | (Dr) | | | | **GP Code:** | | |
| **Registered GP** |
| **GP Address & postcode:** |  | | | | | | |
| **GP Telephone number:** |  | | | |  | | |
| **GP Gatekeeper email address** |  | | | |  | | |
| **Date seen by GP:** |  | | | | **Decision to refer date:**  Click here to enter a date. | | |
| **PATIENT DETAILS** | | | | | | | |
| **Title and Surname:** | |  | **Forename(s)** | | |  | |
| **D.O.B.** | | Click here to enter a date. | **AGE:** |  | | **Gender** |  |
| **Address:**  **Postcode:** | |  | | | | | |
| **Telephone No evening** | |  | **NHS No:** |  | | | |

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| **2WW Suspected Cancer**  **Please only use this section if you feel this patient is LIKELY to have Breast Cancer** |  | **Symptomatic**  **Cancer NOT suspected** |  |
| Discrete, hard lump ± fixation, ± skin tethering  (any age) |  | Women aged < 30 years with a lump |  |
| 30 years and older with a discrete lump that persists post period / menopause |  | Asymmetrical nodularity or thickening that persists at review after menstruation |  |
| With **spontaneous unilateral bloody** nipple discharge or which stains clothes |  | Unilateral, spontaneous, nipple discharge that is persistent or troublesome |  |
| With nipple retraction or distortion of recent onset (<3 months onset) |  | Infection or inflammation that fails to respond to antibiotics.  **Breast Abscess:** If urgent assessment is required, please discuss with the local team. |  |
| Skin distortion / tethering / ulceration / Peau d’orange |  | With unilateral eczematous skin of areola or nipple:  Please do not refer until they have tried topical treatment such as 0.1% mometasone daily for 2 weeks. |  |
| Unexplained lump in axilla |  | Patients with breast pain alone (no palpable abnormality)  Please do not refer until you have tried Primary Care management (6-12 weeks regular NSAID or paracetamol as a minimum) see best practice guidance as cancer is extremely unlikely  <https://www.wuth.nhs.uk/media/16210/breast-pain-information-for-gps-2.pdf> |  |

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| **Latest Mammogram Result**  (If not readcode recorded please add date and result manually) | **Specific Codes Table:** |
| **Date:** Click here to enter a date.  **Description:** |

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| **Please include information about location and length of symptoms for ALL referrals:** |

**None of the above?** **Unsure about best treatment options for mastalgia or nipple eczema – please contact the team for advice and guidance via this email address which is monitored each week day –**[wuth.breastsecretaries@nhs.net](mailto:wuth.breastsecretaries@nhs.net)

**Family History Clinic – Service Name/ID to select in E-referral Service (ERS)**

**Surgery Breast – Family History Referral Assessment Service – Clatterbridge Hospital RBL 7938621**

**Funding must be approved and attached before referring for cosmetic reasons.**

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| **Clinical Performance Status** | | | | | **Please mark with an X** | | |
| 0 – Able to carry out normal activity without restriction | | | | |  | | |
| 1 – Restricted in strenuous activity but ambulatory and able to carry out light 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 – Symptomatic and in a chair or in bed for greater that 50% of the day but not bedridden | | | | |  | | |
| 4 – Completely disabled; cannot carry out any self-care; totally confined to bed or chair | | | | |  | | |
| **Consultations:**  **Date:** Click here to enter a date.  **Consultation Text:** | | | | | | | |
| **Problems**  **Active** | | | | | | | |
| **Date:** | Click here to enter a date. | **Problem:** | | | **Date ended:** | Click here to enter a date. | |
|  | | | | | | | |
| **Significant Past** | | | | | | | |
| **Date:** | Click here to enter a date. | **Problem:** | | | **Date ended:** | Click here to enter a date. | |
|  | | | | | | | |
| **Medication:** | | | | | | | |
| **Values and Investigations** | | | | | | | |
| **Date:** | Click here to enter a date. | **Description:** | **Value:** | **Units:** | | | **Range:** |
|  | | | | | | | |
| **Allergies** | | | | | | | |
| **Date:** | Click here to enter a date. | **Description:** | | | | | |
| **Associated Text:** | | | | | | | |

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| **CULTURAL, MOBILITY, IMPAIRMENT ISSUES** | | | | |
| Does the patient have any communication, mobility or safeguarding needs? |  | | | |
| What is the patient’s preferred first language? |  | | | |
| Does the patient require translation or interpretation services? |  | | | |
| Please list any hearing or visual impairments requiring specialist help (sign language, Braille, Loop Induction Systems)? |  | | | |
| Is disabled access required? | **Yes** |  | **No** |  |
| Military veteran status? | **Yes** |  | **No** |  |
| In your clinical opinion does the current condition relate to their military service and require priority treatment? |  | | | |
| Are there any safeguarding issues (including lack of capacity) of which we should be aware of? |  | | | |