**UHB 2WW BREAST RED PATHWAY REFERRAL FORM – FEMALE patients only**

|  |  |
| --- | --- |
| Please use this referral form for all RED PATHWAY CRITERIA BELOW.  For BLUE pathway criteria below please use A&R and DO NOT use this form.  DO NOT use for asymptomatic family history patients, cosmetic surgery etc. | |
| **PATIENT DETAILS** | **REFERRING GP** |
| **Name** | **Name** |
| **NHS Number** | **Address** |
| **DOB Age** |  |
| **Gender** |  |
| **Address** | **Practice Code** |
|  | **Tel No** |
| **Tel No:** | **Fax** |
| **Mobile No:** | **Email** |
| **Email** | **Decision to refer Date** |
| **Do you consent to be contacted by text message?: Y N**  [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]  [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] | **Date of Referral:** |
| **Interpreter required?**  (specify language) | **Registered GP:** |

**For Red Pathway Patients Only – Please Tick Box**

|  |  |
| --- | --- |
| \*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 or sent the patient a copy of the ‘Urgent Referral Patient Information Leaflet’ |  |
| \*My patient is aware they will be offered the first available appointment at any of our hospitals (Queen Elizabeth, Heartlands, Solihull or Good Hope Hospital). |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2ww Suspected Cancer**  Please only use this section if you feel this patient is LIKELY to have Breast Cancer | **Yes** | **Symptomatic/Non-urgent**  This section is for information only, if the patient fulfils the Blue pathway criteria below please **submit query through Advice and Refer (DO NOT USE THIS FORM)** | **Yes** |
| Discrete, hard lump ± fixation, ± skin tethering |  | Women age <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 Breast Pain Pathway)**  [**https://www.breastcancercare.org.uk/publications/benign-breast-conditions/breast-pain-bcc71**](https://www.breastcancercare.org.uk/publications/benign-breast-conditions/breast-pain-bcc71) |  |
| **Spontaneous unilateral bloody or blood stained** nipple discharge or which stains clothes |  | Asymmetrical nodularity or thickening that persists at review after menstruation. |  |
| 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 |  | Unilateral eczematous skin areola or nipple.  **Please do not refer until tried topical treatment such as 0.1% mometasone for 2 weeks** |  |
| Unexplained lump in axilla |  | Spontaneous, non-bloody nipple discharge that is persistent or troublesome |  |

|  |
| --- |
| **Details: (please include duration and site of symptoms)** |
| **Relevant PMH** |
| **Current Medication** |
| **Anticoagulation** |
| **Allergies** |
| **Family Hx breast or ovarian cancer Yes No** |
| **Accessibility/Capacity Issues:**  Deaf Blind Wheelchair access Learning Disability Other |
|  |

**Please attach this completed form when booking via the Choose and Book system**

**Any referrals received without a completed form will be rejected**