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

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| 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:** |

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| **2ww Suspected Cancer**  **Please only use this section if you feel this patient is LIKELY to have Male Breast Cancer** | Yes | **Symptomatic/Non-Urgent**  cancer NOT suspected. 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 |  | Gynaecomastia with **no obvious physiological or drug cause (including anabolic steroids, propecia/ finestaride and cannabis use).** Consider primary care management – see  <https://patient.info/doctor/gynaecomastia> |  |
| With **spontaneous unilateral bloody** nipple discharge or which stains clothes |  | With unilateral eczematous skin of areola or nipple : **please don't refer until tried topical treatment such as 0.1% mometasone for 2 weeks** |  |
| With nipple retraction or distortion of recent onset |  | Unilateral, spontaneous, non-bloody nipple discharge that is persistent or troublesome |  |
| Skin distortion / tethering / ulceration / Peau d’orange |  | Other symptom(s). Please give details |  |
| Unexplained axillary lymphadenopathy |  |  | |

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| **Details: (please include duration and site of symptoms)** |
| **Relevant PMH** |
| **Current Medication** |
| **Anticoagulation** |
| **Allergies** |
| **Family Hx breast** |
| **Accessibility/Capacity Issues:**  Deaf Blind Wheelchair access Learning Disability Other |

**For Red Pathway Patients Only – please tick below**

* I have informed the patient if they have symptoms which may be caused by cancer, that they are being referred to the rapid access suspected cancer and the nature of the tests likely to take place.
* I have provided the patient with a 2 Week Wait information leaflet
* The patient has confirmed they are available to attend within 2 weeks.

**For All Patients:**

* Patient happy to receive text alert to advise of appointment

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

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