**UHB 2WW BREAST RED PATHWAY REFERRAL FORM – FEMALE 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:** |

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

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| \*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). | [ ]  |

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| **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  |  |

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

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