

2 WEEK RULE REFERRAL - Breast

[This form should only be used for suspected breast cancer and in conjunction with the NICE Referral Guidelines for Suspected Cancer, June 05.](#)

Patient	GP Details
Surname	Surgery Address
Forename	
Address	Telephone No. Fax No.
Postcode	
Telephone <i>Please give an additional telephone number if required</i>	
NHS No.	Date of decision to refer
Hospital Number	Date of referral
	Referring GP

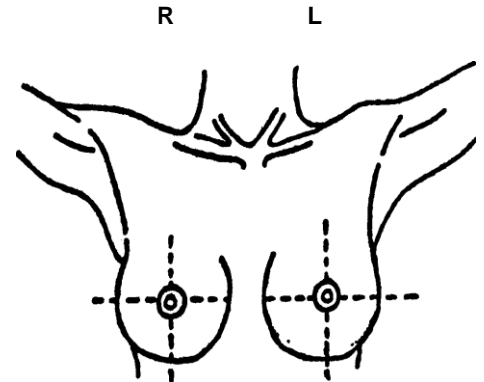
Social circumstances
Lives alone <input type="checkbox"/> Is a carer for someone <input type="checkbox"/> Has a care package <input type="checkbox"/>

Signs / Symptoms

At least one of the following indications must be ticked for this to be an appropriate referral under the 2 week rule

- Any age with a discrete, hard lump with fixation with or without skin tethering
- Discrete lump – Patient > 30 year persisting after next period or after menopause
- Breast skin distortion / ulceration / nodule
- New nipple retraction / distortion / eczema
- Spontaneous unilateral & / or Bloodstained nipple discharge
- Asymmetrical nodularity persisting after period in Patient > 30 years old
- Axillary lymphadenopathy
- Suspicion of recurrent breast cancer

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Comments: **Other relevant information / tests**

Mammogram / Ultrasound in last 12 months? Y / N Where:

NHSBSP Y / N

Hospital use only
Date & Time Fax rec'd:/...../..... at Date & Time of Appt:/...../..... at
Date faxed back to GP:/...../.....

For Hospital Use only
Date & Time Fax Rec'd/...../..... at Date & Time of Appointment/...../..... at
Date Faxed back to GP/...../.....
Mammogram +/- Ultrasound
Ultrasound only
Surgical Opinion
Referral Signature.....
Auth signature No. of Films Rad / AP signature Appointment Order No.

All 2 week rule appointments for WSHT are managed and booked by the Worthing Hospital 2 week rule team.

Please Fax this form to 01903 285098 or email it to cancer.appointments@nhs.net