

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.

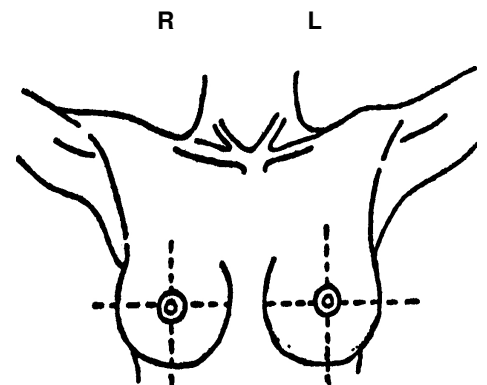
Patient	GP Details
Surname	Surgery Address
Forename	
Address	Telephone No. Fax No.
Postcode	
Telephone <i>Please give an additional telephone number if required</i>	
NHS No.	Date of decision to refer
Hospital Number	Date of referral
	Referring GP

Social circumstances			
Lives alone €	Is a carer for someone €	Has a care package €	

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



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

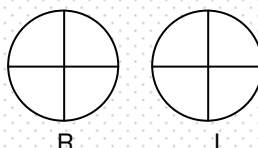
Date Faxed back to GP/...../.....

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