



Suspected Breast Cancer - Referral Form
For patients who need to be seen within **2 weeks**

Date of Referral			
Patient Name		Referring GP	
Patient Address		GP Address	
Patient Postcode		GP Postcode	
Date of Birth		Fax No.	
NHS No.		Surgery Tel No.	
Tel No.		Hospital No.	
Mobile No.		Please check that the patient's phone numbers are correct	

- Confirm that your patient understands that they have been referred onto a "suspected cancer pathway"
- Confirm that your patient has received the [information leaflet](#)
- Confirm that your patient is available to attend an appointment within 2 weeks of this referral**.

** If, after discussion, your patient chooses to **not** attend within 2 weeks, when will they be available?

Female	
- Age ≥30 and discrete lump <input type="checkbox"/>	- Any age nipple rash <input type="checkbox"/>
- Any age – skin changes that suggest breast cancer <input type="checkbox"/>	- Any age nipple retraction/distortion <input type="checkbox"/>
- Age ≥30 with unexplained lump in axilla (any age if previous breast cancer) <input type="checkbox"/>	- Any age blood stained nipple discharge <input type="checkbox"/>
	- Age >50 unilateral nipple discharge <input type="checkbox"/>
Male	
- age ≥50 and unilateral mass <input type="checkbox"/>	

<p>Please indicate position of lump</p>	<p>Any additional comments:</p>
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