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| |  |  |  | | --- | --- | --- | | **Community Breast Pain Clinic Referral @ The Nelson Health Centre** | | **Breast Pain** | | **PLEASE USE THIS FORM FOR PATIENTS WITH PURE BREAST PAIN WITHOUT ANY RED FLAG BREAST SYMPTOMS** |  | | **General Enquiries:** [gghoutpatientpathwayhub@stgeorges.nhs.uk](mailto:gghoutpatientpathwayhub@stgeorges.nhs.uk) |  | | **ALL REFERRALS TO BE SENT VIA ERS** |  | |

***Female patients with breast pain alone*** *(no palpable abnormality or any other red flag symptoms)*

*A link to the primary care management algorithm for breast pain can be found here:*

[RMP-Breast-Pain-Advice-.pdf (rmpartners.nhs.uk)](https://rmpartners.nhs.uk/wp-content/uploads/2023/11/RMP-Breast-Pain-Advice-.pdf)

*Please aim to not refer until primary care management has been attempted.*

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Details** | | | | **GP Details** | | | |
| Name: | Click here to enter text. | | | Name: | Click here to enter text. | | |
| Address: | Click here to enter text. | | |  | Click here to enter text. | | |
|  | Click here to enter text. | | |  | Click here to enter text. | | |
|  | Click here to enter text. | | | Phone No: | Click here to enter text. | | |
| NHS Number: | Click here to enter text. | | | Fax No: | Click here to enter text. | | |
| Hospital Number: | Click here to enter text. | | | Name of Referrer: | | Click here to enter text. | |
| Date of Birth: | Click here to enter a date. | | |  | |  | |
| Sex: | | Female | | **Decision to refer date:** | | Click here to enter a date. | |
| Interpreter required: | | Yes  No | | Sign Language required: | | Yes  No | |
| Language: | Click here to enter text. | | |  | |  | |
| Contact No (next 48 hrs): | | Home: Click here to enter text. | | Work: Click here to enter text. | | Mobile: Click here to enter text. | |
| **Referral Criteria** | | | | **I Confirm:** | | | |
| Patient has breast pain only | | | | | | |  |
| Primary care management has been attempted  (regular NSAID or Paracetamol, lifestyle and bra advice etc) | | | | | | |  |
| Patient does not have breast implants | | | | | | |  |
| Patient has no previous history of breast cancer | | | | | | |  |
| **Examination** | | |  | | | | |
| *Please indicate the site of breast pain*      **RIGHT LEFT** | | | Clinical Examination findings, additional text: | | | | |
| Click here to enter text. | | | | |
| Please include date and location of any previous breast imaging if available | | | Click here to enter text. | | | | |
| *Please inform patients that this is a community breast pain clinic where there will be no imaging. If after attendance at the clinic patients require further assessment, this will be arranged directly from the breast pain clinic.* | | | | | | | |
| **FAMILY HISTORY** | | | | | | | |
| *As part of their assessment, we will also review their family history to help assess their personal cancer risks. For this they will need to complete a cancer family history questionnaire.* ***Please inform the patient they will need to register and answer the initial family history screening questions prior to their visit****. If they are prompted to complete the longer questionnaire, this can be done after their visit. Patients will be sent details on how to complete this as part of their appointment letter and text reminders.*  ***How to register:*** *The patient will need to* *visit* ***https://fhqs.org*** *to register. To do this they will need an email address, their NHS number and use the service code* ***VFHCBP*** | | | | | | | |
| Please supply any relevant past medical history Click here to enter text. | | | | | | | |