One-Stop Breast Clinic Proforma

Issue January 2021 Review January 2024



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FOR GUIDANCE ON CRITERIA FOR REFERRAL AND FAMILY HISTORY PLEASE SEE OVERLEAF.

Surname:		Address:
First name:		
Date of birth:		Tel no.:
Sex:		NHS no.:
GP Name:		Previous mammogram? Yes No
GP Email:		
Fax Number:		Date performed:
Referral :Date		Location performed:
Symptomatic Asymptomatic		Previous breast surgery Left Right
Self referral		Type:
		Family history:
Presenting Symptoms Left	Right	None
Asymptomatic		
Lump		First degree Second degree OCP Use Yes No Parity: Menopausal status: Premenopausal
Nodularity		
Nipple Discharge		
Skin Changes		
Ca Diagnosed elsewhere		
Duration of Symptoms		Peri-menopausal
Olimical Engagin stice		Post-menopausal
Clinical Examination Please, complete the form and then print it out to mark appropriately with a pen.		HRT Yes No
		Notes
		GP signature:
PLEASE BRING ANY PREVIOUS BREAST IMAGING FOR COMPARISON.		Name (please print):

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Criteria for referral:

- New lump
- Spontaneous bloody or clear nipple discharge
- New nipple alteration
- Skin dimpling
- Male breast mass
- Family history (see below)
- Persistent Unilateral nodularity
- Unilateral pain
- Other (>40 yrs of age self-referral for screening)

Any of the following family history should be referred:

- One first degree female relative with breast cancer at <40 years of age
- One first degree male relative with breast cancer at any age
- One first degree relative with bilateral breast cancer where the first primary was diagnosed at <50 years of age
- Two first degree relatives, or one first degree plus one second degree relative, with breast cancer at any age
- One first degree or second degree relative with breast cancer at any age plus one first degree or second degree relative with ovarian cancer at any age (one of these should be a first degree relative)
- Three first degree or second degree relatives on the same side of the family with breast cancer at any age