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:	Data manfarmadi
Fax Number:	Date performed:
Referral :Date	Location performed:
Symptomatic Asymptomatic	Previous breast surgery Left Right
	Type:
Self referral	Family history:
Presenting Symptoms Left	Right None
Asymptomatic	
Lump	First degree
Nodularity	Second degree
Nipple Discharge	OCP Use Yes No
Skin Changes	Parity:
Ca Diagnosed elsewhere	Menopausal status: Premenopausal
_	Peri-menopausal
Duration of Symptoms	
Clinical Examination Please, complete the form and then print it out to mark appropriately with a pen.	Post-menopausal HRT Yes No
	Notes GP signature:
PLEASE BRING ANY PREVIOUS BREAST IMAGING FOR COMPAR	

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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