

# Suspected Breast Cancer – Referral Form



This form should be submitted via the Referral Support Service

## Condition Details (tick appropriate boxes)

### Female (tick appropriate boxes)

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 (tick appropriate boxes)

Age ≥ 50 and unilateral mass:	<input type="checkbox"/>
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## Location/Position (tick appropriate boxes)

Left breast:	<input type="checkbox"/>	Right breast:	<input type="checkbox"/>
Location:	<input type="text" value="Unknown"/>		
Other information about position:	<input type="text"/>		

