

POST or FAX this FORM to ONLY ONE of the National Symptomatic Breast Clinics to avoid duplication. (Please ✓)

- Beaumont Hospital, Dublin 9. Tel: (01) 809 3932 Fax: (01) 809 3999
- Cork University Hospital. Tel: (021) 492 0189 Fax: (021) 492 2391
- Galway University Hospital. Tel: (091) 543 446 Fax: (091) 542 877
- Satellite Centre:
Letterkenny General Hospital. Tel: (074) 9123 737 Fax: (074) 9188 816

- Limerick Regional Hospital. Tel: (061) 482 832 Fax: (061) 482 572
- Mater Hospital, D 7. Tel: (01) 803 4269 Fax: (01) 803 2369
- St. James's Hospital, Dublin 8. Tel: (01) 416 2192 Fax: (01) 410 3415
- St. Vincent's University Hospital, D 4. Tel: (01) 221 3778 Fax: (01) 221 3678
- Waterford Regional Hospital. Tel: (051) 842 044 Fax: (051) 848 844

Patient Details

Surname: _____

First Name: _____ DOB: _____

Address: _____

Mobile No: _____ Tel day: _____

Tel evening: _____

Hospital No. (if known): _____

First language: _____ Interpreter required: Yes No

Gender: Male Female Wheelchair Assistance: Yes No

General Practitioner Details

Name: _____

Address: _____

Telephone: _____ Mobile: _____

Fax: _____

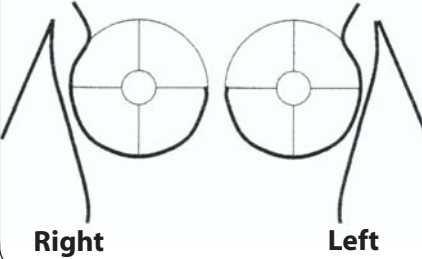
GP Signature: _____

Medical Council Registration No.:

PRESENTING SIGNS AND SYMPTOMS

URGENT REFERRALS	EARLY REFERRALS	ROUTINE REFERRALS
<p><input type="checkbox"/> Discrete breast or axillary lump (unilateral, distinct, separate mass in patients over 35 years)</p> <p><input type="checkbox"/> Ulceration</p> <p><input type="checkbox"/> Skin distortion</p> <p><input type="checkbox"/> Nipple eczema</p> <p><input type="checkbox"/> Recent nipple retraction or distortion (less than 3 months)</p> <p><input type="checkbox"/> Blood-stained nipple discharge</p> <p><input type="checkbox"/> Patients with an acute abscess should be referred immediately to the next available breast clinic</p> <p style="text-align: center;">URGENT REFERRALS (to be seen within 2 weeks)</p> <p>Duration of Symptoms <input style="width: 50px;" type="text"/></p>	<p><input type="checkbox"/> Inflammation that persists after antibiotics</p> <p><input type="checkbox"/> Persistently refilling or recurrent cyst</p> <p><input type="checkbox"/> Unilateral discharge (not blood-stained)</p> <p><input type="checkbox"/> Intractable breast pain</p> <p><input type="checkbox"/> Discrete lump in women under 35 years</p> <p><input type="checkbox"/> Asymmetrical nodularity that persists at review after menstruation</p> <p style="text-align: center;">EARLY REFERRALS (to be seen within 6 weeks)</p> <p>Duration of Symptoms <input style="width: 50px;" type="text"/></p>	<p>A patient whom the referring doctor considers to require a specialist opinion e.g.</p> <p><input type="checkbox"/> Minor or moderate degrees of persistent breast pain (no discrete palpable lesion)</p> <p><input type="checkbox"/> Persistent bilateral nipple discharge (not blood-stained)</p> <p><input type="checkbox"/> Other</p> <p style="text-align: center;">ROUTINE REFERRALS (to be seen within 12 weeks)</p> <p>Duration of Symptoms <input style="width: 50px;" type="text"/></p>

Clinical Findings – Breast Examination



Right Left

Past medical history:

Anticoagulants: Yes No

Allergies: Yes No

Comments:

Tentative Diagnosis:

Date of referral: _____ Previous attendance at Breast Clinic: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Hospital: _____	Previous breast disease <input type="checkbox"/> Details: _____ Date: _____ Hospital: _____ Previous mammogram Date: _____ Hospital: _____ Normal: <input type="checkbox"/> Abnormal: <input type="checkbox"/>
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FOR HOSPITAL USE:

Date of referral received: _____ Date of appointment offered: _____ Reason patient did not accept first appointment offered: _____	Seen within Guidelines: Yes <input type="checkbox"/> No <input type="checkbox"/>	Breast Clinic Triage <input type="checkbox"/> Urgent Referral (to be seen within 2 weeks) <input type="checkbox"/> Early Referral (to be seen within 6 weeks) <input type="checkbox"/> Routine Referral (to be seen within 12 weeks)
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