



**Patient Information**

Name \_\_\_\_\_  
                   last / first / middle initial

Health Card # \_\_\_\_\_

Male  Female D.O.B. \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone # \_\_\_\_\_

Alternate Contact/Phone # \_\_\_\_\_

**Reason for Referral**

**Please check as many boxes as appropriate in the Guidelines for Referral section.**

Other Reason: Please Specify \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Urgency:  High  Med  Low

Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Referring Physician**

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Reports attached:  Yes

**Guidelines for Referral**

Clinical	Mammographic	Histopathologic	High Risk	Other
<input type="checkbox"/> Palpable mass in post-menopausal female <input type="checkbox"/> Scaling of the nipple/aereolar complex <input type="checkbox"/> Bloody nipple discharge <input type="checkbox"/> New breast lump persisting for > 8 weeks or 2 menstrual cycles <input type="checkbox"/> New dimpling/tethering of the breast skin <input type="checkbox"/> New breast skin edema <input type="checkbox"/> New nipple inversion <input type="checkbox"/> Breast abscess <input type="checkbox"/> Breast sinus tract <input type="checkbox"/> Mastitis <input type="checkbox"/> Unexplained unilateral breast enlargement <input type="checkbox"/> Palpable mass in male	<input type="checkbox"/> Any Bi-RADS category 4C or 5 on mammogram	Any core biopsy showing: <input type="checkbox"/> Ductal Carcinoma in Situ (DCIS) <input type="checkbox"/> Lobular Carcinoma in Situ (LCIS) <input type="checkbox"/> Atypical Lobular Hyperplasia (ALH) <input type="checkbox"/> Atypical Ductal Hyperplasia (ADH) <input type="checkbox"/> Invasive breast cancer of any variety (ductal, lobular, medullary, tubular, etc.) <input type="checkbox"/> Pseudo-angiomatous stromal hyperplasia (PASH) <input type="checkbox"/> Phylloides tumor (malignant, benign or suspected) <input type="checkbox"/> Sclerosing adenosis <input type="checkbox"/> Radial sclerosing lesion <input type="checkbox"/> Radial scar <input type="checkbox"/> Any pathology report suggesting "conservative local excision"	<input type="checkbox"/> Women who are known to be breast cancer gene (BRCA1-2) positive <input type="checkbox"/> Women (22-55 yrs) who are known to have a biologic first degree relative (mother, father, sister, brother, daughter, son who is known to be gene positive) <input type="checkbox"/> Women with 2 first degree relatives with breast and/or ovarian cancer <input type="checkbox"/> Women with 1 first degree relative who is < 35 years of age at breast/ovarian cancer diagnosis AND also has a second degree relative on the same side of the family with breast/ovarian cancer	<input type="checkbox"/> Symptom problem or finding that cannot be successfully managed without a breast surgical opinion

**It is much appreciated if referrals can have appropriate imaging reports sent with the request:**

- Age > 40 yrs – mammogram
- Palpable mass – mammogram and/or U/S as deemed appropriate by the radiologist
- Age < 40 yrs AND palpable mass – mammogram and/or U/S as deemed appropriate by radiologist.

**Additional Notes:**

- Axillary mass and no breast findings with normal mammogram should be referred to non-breast general surgery clinic.
- Core biopsy shows lymphoma – refer to hematology (typically no breast surgery is needed).
- Epithelial hyperplasia of the USUAL (i.e., not atypical) type does not require referral unless another reason to refer exists.
- Breast cancer survivors will eventually be discharged from the Breast Health Clinic. These women should have yearly physical exams with a focused breast exam and yearly mammography. New findings (on exam or mammogram) may be indication to make a new referral to the Breast Health Clinic for the new finding.
- Questions pertaining to changes to Hormonal Therapy (i.e., Tamoxifen, aromatase inhibitors) should be directed to the original prescribing physician (or to the Nova Scotia Cancer Center if the original prescriber is not available or unknown.)
- Complications of cosmetic breast surgery (implants, augmentation, lifts, reduction mammoplasties, implant leaks, etc.) should be directed to the Plastic Surgery Service.
- Referrals for gynaecomastia secondary to obesity (lipomastia) or as a result of steroid or other drug use, where the primary concern is benign enlargement of male breasts should be directed to either Plastic Surgeons outside of the Breast Health Clinic.