

Patient Information	Guidelines for Referral				
Name: Health Card # <input type="checkbox"/> Male <input type="checkbox"/> Female D.O.B: Mailing Address: Primary Phone#: Second Phone#:	Clinical	Mammographic	Histopathologic	High Risk	Other
	Reason for Referral Please check as many boxes as appropriate in the Guidelines for Referral Section . Other Reason – Please Specify: Urgency: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low Please Explain:	<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 Breast abscess <input type="checkbox"/> Breast sinus tract 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* *Bi-RADS 4A/B should have biopsy and repeat mammogram at 6 months.	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 Radial sclerosing lesion 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
Referring Physician	It is much appreciated if referrals can have appropriate imaging reports sent with the request: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Axillary mass with no clinical or mammographic breast findings should have further workup (e.g., further history, examination of all skin all lymph node basins, and consideration of CT Neck/Chest/Abdo/Pelvis) followed by referral to surgery as indicated • 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 surgery. These women should have yearly physical exams with a focused breast exam and yearly mammography. New findings should be investigated and re-referred to the surgery. • Questions of Hormonal Therapy (i.e., Tamoxifen, aromatase inhibitors) should be directed to the original prescriber or a PEI oncologist • Complications of cosmetic breast surgery (implants, augmentation/reduction, lifts, etc.) should be directed to Plastic Surgery. • 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 a Plastic Surgeon. 				