

## Surgical Breast Assessment / Imaging Referral Form – High Suspicion of Cancer

Date of referral: \_\_\_\_\_

### Referrer Details

Name: \_\_\_\_\_ Organisation: \_\_\_\_\_

Contact No: \_\_\_\_\_

### Imaging

Mammogram       MRI       Ultrasound

Imaging requested from (provider name): \_\_\_\_\_

If no imaging requested – reasoning why: \_\_\_\_\_

### Patient Details

Name: \_\_\_\_\_ NHI: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Contact No: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Iwi: \_\_\_\_\_

Is the patient a NZ Resident? Yes  No  (if NO - inform patient they may be required to pay for their treatment)

### History of presenting complaint

Symptoms: \_\_\_\_\_

Duration of symptoms: \_\_\_\_\_

Previous Cancer Yes  No  - Type: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Treatment Received: \_\_\_\_\_

### Clinical Examination Findings

Side: \_\_\_\_\_ Position in breast (o'clock position, distance from nipple): \_\_\_\_\_

Size: \_\_\_\_\_ Mobility: \_\_\_\_\_

Skin or nipple changes if present: \_\_\_\_\_

Axillary lymph node changes if present: \_\_\_\_\_

Menopausal Status: \_\_\_\_\_

Previous Breast Imaging: Yes  No  -details: \_\_\_\_\_  
\_\_\_\_\_

Previous Surgery, reconstruction, trauma, reduction/augmentation with implant - Yes  No  - details:  
\_\_\_\_\_  
\_\_\_\_\_

**Medication**

**Antiplatelets:** Yes  No       **Anticoagulants:** Yes  No

Medication Details (name of medication, dose & duration): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any other relevant clinical information or risk factors**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consent for referral received    Yes  No

Referrer Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Imaging**

BreastScreen Coast to Coast/Breast Imaging Service  
27 Amesbury Street Palmerston North  
P 06 350 1533  
F 06 350 1531

**Surgical Breast Assessment**

Please send all Surgical Breast Referrals via email to [ambulatorycare@midcentraldhb.govt.nz](mailto:ambulatorycare@midcentraldhb.govt.nz)

***Please note:***

***When referring for imaging as a result of 'Red Flag Symptoms', please ALSO send a copy to the Surgical Breast Assessment team at the same time.***