

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

- Discrete breast or axillary lump (unilateral, distinct, separate mass in patients over 35 years)
 Ulceration
 Skin distortion
 Nipple eczema
 Recent nipple retraction or distortion (less than 3 months)
 Blood-stained nipple discharge
 Patients with an acute abscess should be referred immediately to the next available breast clinic

URGENT REFERRALS

(to be seen within 2 weeks)

Duration of Symptoms

EARLY REFERRALS

- Inflammation that persists after antibiotics
 Persistently refilling or recurrent cyst
 Unilateral discharge (not blood-stained)
 Intractable breast pain
 Discrete lump in women under 35 years
 Asymmetrical nodularity that persists at review after menstruation

EARLY REFERRALS

(to be seen within 6 weeks)

Duration of Symptoms

ROUTINE REFERRALS

A patient whom the referring doctor considers to require a specialist opinion e.g.

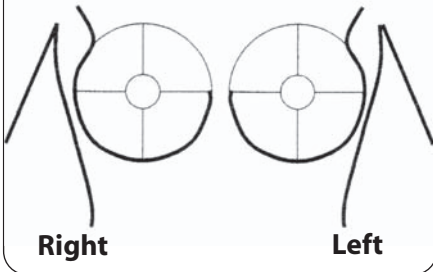
- Minor or moderate degrees of persistent breast pain (no discrete palpable lesion)
 Persistent bilateral nipple discharge (not blood-stained)
 Other

ROUTINE REFERRALS

(to be seen within 12 weeks)

Duration of Symptoms

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 No

Date: _____ Hospital: _____

Previous breast disease

Details: _____

Date: _____ Hospital: _____

Previous mammogram Date: _____ Hospital: _____

Normal: Abnormal:

FOR HOSPITAL USE:

Date of referral received: _____

Date of appointment offered: _____

Reason patient did not accept first appointment offered: _____

Seen within Guidelines:

Yes

No

Breast Clinic Triage

Urgent Referral (to be seen within 2 weeks)

Early Referral (to be seen within 6 weeks)

Routine Referral (to be seen within 12 weeks)