REQUEST FOR CONSULTATION

GOLD COAST HOSPITAL AND HEALTH SERVICE

**BREAST SURGERY CLINIC**

Template for correspondence about patient with

**BREAST DISEASE - SUSPECTED OR CONFIRMED MALIGNANCY**

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| **SEND TO** Dr Michael Von Papen (Director of General Surgery) Outpatient Access and Scheduling CentreFax: 07 5687 4497  **OR****Secure transmission service via Medical Objects or****Healthlink to****QHEALTH,GOLD COAST HEALTH Outpatients****Outpatient Bookings and Referrals** | **FROM** **Doctors Name:** **Practice Name:****Practice Address:****Phone:** **Fax:** **Email:** **Provider Number:**  |

Dear Dr Von Papen

**SECTION 1 Patient details**

**Patient Full Name:**

**DOB:**

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| **Gender:** **Address:** **Home Ph**: **Mobile Ph:** **Medicare Number\*:** (\*Medicare ineligible patients will incur a consultation fee) | **Next of Kin/Alternative Contact:** **Next of Kin/Alternative Contact Ph:** **Does patient identify as Aboriginal and/or Torres Strait** **Islander:** **Interpreter required:** **If yes, specify language:**  |

**SECTION 2 Reason for referral and additional clinical information**

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| What is the reason for this referral:Please provide provisional diagnosis (if available): Please include any symptoms and date of onset (if known):**Paste or type relevant history, clinical examination findings and treatment to date if required****Confirmed or suspected breast cancer**. If confirmed, please specify if early (confined to breast), locally advanced (spread to involve areas near the breast), secondary spread (involving areas outside the breast e.g. lymph node), recurrent, ductal or lobular carcinoma-in-situ**Breast lump** with any of the following features: new, discrete lump; young women with tender, lumpy breasts; asymmetrical nodules that persist at review after menstruation; older women with symmetrical nodules provided that they have no localised abnormality; any lump that increases in size; abscess; persistently refilling or recurrent cyst**Breast pain** with any of the following features: unilateral persistent mastalgia, severe intractable pain; localised areas of painful nodularity/focal lesions **Nipple signs/symptoms**, including: bilateral discharge sufficient to stain clothes; blood stained discharge; nipple retraction/distortion, eczema or Paget's disease |

**SECTION 3 Investigations**

Please indicate whether the following pre-requisite investigations have been undertaken in order for this referral to be processed and attach the results. In addition, please also attach any investigation results you consider to be relevant, such as: Bone scan and CXR results; Abnormal FNAC or core biopsy results.

**USS/mammography results:**

**SECTION 4 Duration of referral**

Please indicate how long you would like your referral to remain valid:

☐ 12 months

☐ Indefinite

Indefinite referrals do not expire until the patient has been discharged by the hospital service. When referrals expire, there is an expectation that the referring GP or another GP will review the care of the patient. If the patient still requires specialist care, the GP will then have to request a referral continuation.

**SECTION 5 Social factors and impact on the patient**

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| Consider the impact on employment/education; activities of daily life; ability to care for others; personal safety/frailty;other factors. **Please paste or type relevant information.** |

**SECTION 6 Medical history including co-morbidities and previous surgical interventions**

**Alcohol Status/History:**

**Smoking Status/History:**

**Medical History:**

**Comorbidities:**

**Previous Procedures:**

**Allergies/Adverse Reactions:**

**Current prescribed medications:**

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| **SMOs/VMOs in this Specialist Service** |

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| Dr Michael Von Papen (Director) | Dr Rafid Alzubaidy (Breast Service) | Dr Mark Doudle |
| Dr Jason Free | Dr John Gault (Breast Service) | Dr Roger Khan |
| Dr Rhea Liang (Breast Service) | Dr Cu Tai Lu | Dr Arun Naik |
| Dr Greg B. Nolan | Dr Greg J. Nolan | Dr David Parker |
| Dr Harald Puhalla | Dr Leigh Rutherford | Dr Craig Sommerville |