BREAST MDM REFERRAL FORM

DEADLINE: Thursday 12:00pm

GUIDANCE

The Breast MDT meeting takes place at **1.00 pm** every Friday.

All cases included for discussion must be presented by referring clinician or accepted by a member of the MDT

(e.g. surgeon, radiologist, oncologist, pathologist). If your query relates to an opinion on imaging, please contact the reporting radiologist.

Discussion Date	

HCN: Surname: Forename(s): DOB:	Referring Trust: Referring Clinician: Email MDM update to: Presenting Clinician:

Current Inpatient Yes ☐ No ☐	Discharge Plan: Performance Status:

Has this patient been discussed at another MDT? Yes ☐ No ☐

Please provide further information:

Previous History of Breast Cancer Yes ☐ No ☐

Date of Previous Cancer.

Diagnosis:

Grade:

Staging: T: N: M:

Treatment:

Current Diagnosis: *(please select)*		Grade:
New confirmed pathological diagnosis of breast cancer	☐	Staging:
New radiologically suspected localised breast cancer	☐	T: N:
New radiologically suspected metastatic breast cancer	☐	M:
Known metastatic breast cancer with new issue	☐	Size:
Other (please specify):		Nodal Status:
		ER/PR receptor status:
Is patient aware of diagnosis? Yes ☐ No ☐		Her 2 status

Clinical Summary: (Include prior treatment, radiology, histology and PMH):

Question to MDM:

For discussion of: MRI ☐ USS ☐ PET ☐ CT ☐ Bone scan ☐ Pathology ☐ Management ☐

Significant Co-morbidities

COPD ☐ Diabetes ☐ IHD ☐ CHF ☐Renal Disease ☐ CVD ☐ PVD ☐ Hypertension ☐

Other Malignancy: ☐ Dementia ☐ Other

Blood thinning medication: NO ☐ YES ☐ please list detail:

Exercise Tolerance: Performance Status:

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