

Health Record # _____

Surname _____

Given Name _____

Date of Birth _____

Gender _____

MFRN _____

PHIN _____

REQUESTED IMAGING

- | | |
|---|--|
| <input type="checkbox"/> Diagnostic Mammogram | <input type="checkbox"/> Needle Localization |
| <input type="checkbox"/> Breast Ultrasound | <input type="checkbox"/> Stereotactic Biopsy |
| <input type="checkbox"/> +/- Biopsy | <input type="checkbox"/> Screening Mammogram (non BreastCheck ¹) |
| <input type="checkbox"/> Other _____ | |

Preferred Imaging Location _____

See back of page for testing offered by site

PRIOR IMAGING - Attach all Report(s)

Date of last Mammogram/
other Breast Imaging _____
D D M M Y Y Y Y

LOCATION _____

Prior reports/films are required by the Radiologist

URGENT Clinical Indicators

- | | |
|--|--|
| <input type="checkbox"/> Large fixed mass with skin changes | <input type="checkbox"/> Axillary mass |
| <input type="checkbox"/> Mammogram suspicious for cancer – recommend Biopsy | |
| <input type="checkbox"/> Mastitis not resolved with ONE course of antibiotics | |
| <input type="checkbox"/> Unilateral Nipple Changes (distortion, bloody discharge, rash, no response to steroids) | |
| <input type="checkbox"/> Breast lump - discrete, palpable, firm | |

OTHER Clinical Indicators

Describe symptoms, duration, family history, etc.:

Fine Needle Aspiration Attempted? Yes No

Additional Information:

ADDITIONAL PATIENT INFORMATION

Address: _____

Daytime Phone: _____

Alternate Phone: _____

Last Menstrual Period Date: _____
D D M M M Y Y Y Y Y

- Patient on Anticoagulants (specify): _____
- Interpreter Needed (language): _____
- Limited Mobility (specify): _____

PHYSICIAN INFORMATION

Printed Physician Name: _____ Date: _____
D D M M M Y Y Y Y Y

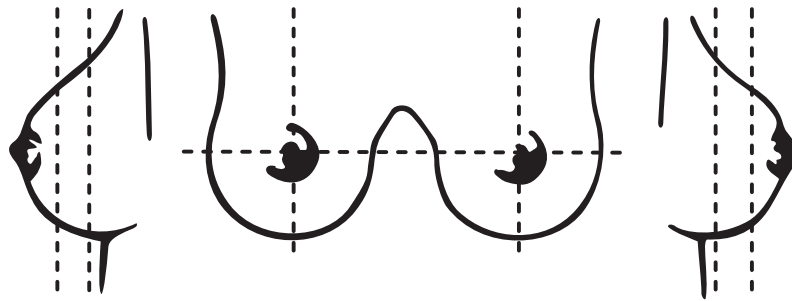
Fax: _____ Phone: _____
_____-_____-_____

Address: _____

Signature: _____ Billing #: _____

ADDITIONAL PHYSICIAN TO BE COPIED

Physician Name: _____ Fax: _____
_____-_____-_____



Patients being seen in Winnipeg: *The diagnostic investigations performed may require a surgical consultation. Your patient will be scheduled to see a surgeon at the Breast Health Centre unless this box is checked.*

Do not refer patient directly to Breast Health Centre surgeon

For Diagnostic Department Use Only - Patient Appointment Information

Appointment Date/Time: _____ Appointment Location: _____
D D M M M Y Y Y Y Y 24 HOUR

Notes/Comments:

Radiology Direct Referral Test Required: _____ **High Suspicion?** Yes No **Films Sent?** Yes No

Requested Site: _____ Date Sent: _____ Appointment Date: _____ Delay: _____
D D M M M Y Y Y Y Y D D M M M Y Y Y Y Y Patient Site

Manitoba Breast Imaging Locations & Services

Winnipeg Health Region

Breast Health Centre: Rapid Diagnosis Centre

Fax: 204-231-3839

Phone: 204-235-3906

Toll Free in Manitoba: 1-888-501-5219

Recent (less than one year ago) diagnostic mammogram report must accompany referral in women 35 years of age or older

Referral Assessment Nurse

Phone: 204-235-3252

Breast ultrasound; ultrasound guided, stereotactic and hand-guided core biopsies; needle localizations.

Health Sciences Centre: Diagnostic Imaging

Fax: 204-787-3558

Phone: 204-787-3241

Diagnostic mammography and needle localizations

Private Imaging Clinics

Radiology Consultants of Winnipeg

Fax: 204-944-8101

Phone: 204-942-6453

Diagnostic mammography and breast ultrasound

Manitoba X-Ray Clinic

Fax: 204-831-0828

Phone: 204-832-0273

Diagnostic mammography

Northern Health Region

Thompson General Hospital: Diagnostic Imaging

Fax: 204-677-5341

Mammography and breast ultrasound, refer out for core biopsies

Southern Health Region - Santé Sud

Boundary Trails Health Centre: Diagnostic Imaging

Fax: 204-331-8812

Mammography, breast ultrasound, ultrasound-guided core biopsies and needle localizations

Prairie Mountain Health Region

Brandon Regional Health Centre: Diagnostic Imaging

Fax: 204-578-4986

Mammography, breast ultrasound, ultrasound-guided & stereotactic biopsies and needle localizations, breast MRI & MR-guided biopsies

BreastCheck, CancerCare Manitoba

Winnipeg, Brandon, Boundary Trails, Thompson and mobile locations

www.BreastCheckmb.ca

Phone: 204-788-8000 or 1-800-903-9290

Screening mammography for asymptomatic women 50 years of age and over. No requisition required- women can self-refer.

Test Ordering Decision Matrix

Patient Under 35: If symptoms include firm lump, unilateral nipple discharge or mastitis not resolving in 1 course of antibiotics send for Breast Ultrasound +/- biopsy.

Patient 35 or older: If symptoms include firm lump or mastitis not resolving in 1 course of antibiotics send for bilateral diagnostic Mammogram.

¹ BreastCheck Screening Mammography

For asymptomatic women over 50 years of age. No requisition required, women can self-refer. **Asymptomatic** patient has no signs/symptoms such as: breast masses, clear or bloody nipple discharge, dimpling, and/or has not had breast cancer.

Additional Patient and Clinical Resources

Breast Cancer Centre of Hope

Phone: 204-788-8080 Toll free: 1-888-660-4866

Online Resources available at: www.cancercare.mb.ca/hope

Breast Health Centre

Phone: 204-235-3906 Toll free: 1-888-501-5219

Online Resources available at: www.wrha.mb.ca/bhc

Regional Cancer Program Hub - Navigation Services (Nurse Navigators, Psychosocial Oncology Clinicians)

Southern Health -Sante Sud Toll free: 1-855-623-1533

Prairie Mountain Toll free: 1-855-346-3710

Interlake – Easter RHA Toll free: 1-855-557-2273

Northern Health Toll free: 1-855-740-9322

Winnipeg Cancer Program Hub – Navigation Services (Nurse Navigators, Psychosocial Oncology Clinicians)

CancerCare Manitoba Patient and Family Support/Services 204-787-2109

Winnipeg Primary Care

For help with any clinical cancer-related questions contact **Cancer Question Helpline**

Phone or Text: 204-226-2262

E-mail: cancer.question@cancercare.mb.ca