

Referral for Surgical Consultation

Referring Health Care Provider	Patient Information
Name	Address
Address	
City	Phone - Home
Phone	Phone - Work
Fax	Phone - Cell

Incomplete referrals will be returned to your office for completion before we proceed with scheduling an appointment. Please refer to the Breast Health Centre referral guidelines at www.sharedhealthmb.ca/bhc or on the back or attached to this form.

Reason for Referral (please attach any diagnostic reports)

<input type="checkbox"/> Breast Lump/Thickening	<input type="checkbox"/> Axillary Mass	<input type="checkbox"/> Mastalgia
<input type="checkbox"/> Nipple Discharge <input type="checkbox"/> Bloody	<input type="checkbox"/> Proven Diagnosis of Breast Cancer	<input type="checkbox"/> Second Opinion
<input type="checkbox"/> Other (specify) _____		

Mammogram

Date:

D	D	M	M	M	Y	Y	Y	Y	Y

LOCATION _____

Report sent with referral

Ultrasound

Date:

D	D	M	M	M	Y	Y	Y	Y	Y

LOCATION _____

Report sent with referral

MRI

Date:

D	D	M	M	M	Y	Y	Y	Y	Y

LOCATION _____

Report sent with referral

Other Information

<input type="checkbox"/> Interpreter Needed	<input type="checkbox"/> Patient on Anticoagulants	<input type="checkbox"/> Limited Mobility Specify _____
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Clinical Breast Exam

Date Performed:

D	D	M	M	M	Y	Y	Y	Y	Y

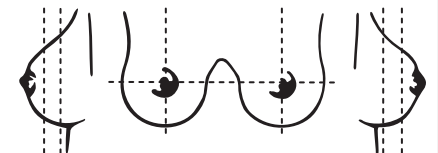
Fine Needle Aspiration Attempted Yes No

Right Breast:

Normal
 Abnormal Finding: _____ o'clock _____ size

Left Breast:

Normal
 Abnormal Finding: _____ o'clock _____ size



Clinical Information/Differential Diagnosis (please provide clinical details, degree of suspicion):

Date:

D	D	M	M	M	Y	Y	Y	Y	Y

Physician's Signature

Physician's Printed Name

Shared Health Breast Health Centre (BHC)

REFERRAL GUIDELINES

Patients 35 years of age and older:

Order a mammogram (if a recent one less than 12 months is not on file).

Use the Manitoba Provincial Breast Imaging Consultation Request form to order this test. Send it to one of the two mammography facilities (**MB X-Ray Clinic** or **Radiology Consultants**)

NOTE: As part of the direct Referral process, the Radiologist will automatically forward your requisitions on to another facility for additional tests. You and your patient will be notified and you will be copied on the mammogram report.

Patients under the age of 35:

Complete a Referral for Surgical Consultation at BHC. Your patient will be assessed prior to scheduling imaging tests.

Patients under the age of 18:

Refer patients directly to the Pediatric Surgery Department for assessment.
(Phone: 204-787-1246 Fax: 204-787-4618).

Patients with Mastitis/Breast Infections:

Refer **after** one course of antibiotics – Complete a Referral for Surgical Consultation.

Click here to access the Potential Breast Abscess Process Algorithm: <https://sharedhealthmb.ca/files/potential-breast-abscess-process-algorithm.pdf>

Please note our mandate is to provide rapid diagnosis for breast abnormalities.

- We are not a screening or surveillance program.
- We do not provide screening mammography. We do not provide screening ultrasound exams for women with breast implants. Send for a diagnostic mammogram instead.

If a patient is on anticoagulation therapy and requires an invasive procedure, the referring practitioner will be responsible for determining whether the therapy can be interrupted or if alternative therapy will be initiated and managed.

To avoid delays or returned referrals, complete the referral form in full.

Referral forms are available at: <https://sharedhealthmb.ca/health-providers/breast-health-centre/>

Manitoba Provincial Breast Imaging Consultation Form:

<https://sharedhealthmb.ca/files/breast-imaging-referral-form.pdf>

Referral for Surgical Consultation

<https://sharedhealthmb.ca/files/surgical-consultation-referral-form.pdf>

Lymphedema Assessment

<https://sharedhealthmb.ca/files/lymph-referral-form.pdf>

Hereditary Breast Cancer Clinic Referral

<https://wrha.mb.ca/files/cancer-genetics-referral-form.pdf>

If you have any questions regarding the information required or the appropriateness of your referral to the Breast Health Centre, call the **Referral Assessment Nurse at 204-235-3252.**