CancerCare Manitoba
ActionCancerManitoba

Central Referral Office
Send Referrals by Fax: 204-786-0621
For Inquiries Call: 1-844-320-4545

CancerCare Referral Form: Breast Oncology

Referral Date:

REFERRAL INSTRUCTION

- A complete referral **must include**:
  a. This referral form
  b. Referral letter including history of present illness, past medical history, and medication list
  c. Disease site-specific referral requirements on page 2 of this form
- Incomplete referrals will be returned
- Patient must be aware of referral to CancerCare Manitoba
- If the referral is emergent, please phone the "on call" medical or radiation oncologist, gynecologic oncologist, surgical service or hematologist through paging for Health Sciences Centre at 204-787-2071 or St. Boniface Hospital paging at 204-237-2053.

PATIENT INFORMATION

Surname:	Address:
Given name & initial:	City:
Previous name(s):	Postal Code:
Preferred name (if different from given name):	Preferred Phone:
DOB:	Emergency contact/support person name:
PHIN:	Relationship:
Need for an interpreter? ☐ Yes ☐ No	Preferred phone:
Specify language:	

REFERRAL INFORMATION

Diagnosis: ☐ Presumptive ☐ Confirmed	Referring health care provider: Surgeon (if applicable): Primary care provider:
Reason for consultation: ☐ New diagnosis ☐ Recurrent/progressive disease	In-patient? ☐ Yes ☐ No Hospital-specify unit: Unit phone:

Please see page 2 for required criteria

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Breast Oncology Referral Requirements

REQUIRED INFORMATION TO COMPLETE PATIENT TRIAGE

If this is an urgent consult, please page on call physician at CCMB.

Referrals from Primary Care:

If the patient has **presumed or confirmed non-metastatic** (early or locally advanced) breast cancer, a **CCMB referral is not required at this time**. Please send the referral to Breast Health Centre (Winnipeg) or to a local surgeon (outside Winnipeg). Kindly include the Provincial Breast DI Imaging Referral Form found on the Breast Health Centre Website.

1. If biopsy-proven Stage IV Breast Cancer, send referral to CCMB with:
   - ☐ Pathology Report
   - ☐ CT Chest/Abdomen/Pelvis Report within the last 8 weeks (or Date Ordered _____)
     MUST SPECIFY for CANCER staging on imaging requisition
   - ☐ Bone Scan within the last 8 weeks (or Date Ordered _____)
     MUST SPECIFY for CANCER staging on imaging requisition

2. If prior history of breast cancer with newly suspected Stage IV/local recurrence:
   - ☐ Pathology Report (if no accessible site to biopsy, include original pathology report)
   - ☐ CT Chest/Abdomen/Pelvis Report within the last 8 weeks (or Date Ordered _____)
     MUST SPECIFY for CANCER staging on imaging requisition
   - ☐ Bone Scan within the last 8 weeks (or Date Ordered _____)
     MUST SPECIFY for CANCER staging on imaging requisition

**Referrals from Breast Surgeons will follow the BHC Pathway and Referral Form.

NOTE: This checklist is provided as a guide and is not intended as clinical guidance