Health Sciences North/Horizon Santé Nord

BREAST SCREENING AND ASSESSMENT SERVICE

Facsimile: (705) 523-7014
Phone: (705) 523-7015 / Toll-Free: 1-800-886-8638

Recent Medical Imaging reports must accompany the referral.
~ An incomplete referral will be discarded. ~

PATIENT INFORMATION: (affix patient label if available)

Surname: _____ Given Name: _____ DOB: _____

Address: (Apartment/Street) _____ City: _____ Province: _____

Telephone: Home: _____ Work: _____ Other Contact: _____

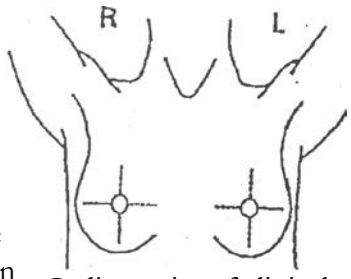
Health Card #. _____ Patient aware of referral: ❒ yes ❒ no

Patient has consented to a message being left at contact #? ❒ yes ❒ no

REASON FOR REFERRAL:

CLINICAL FINDINGS:

- ❒ None
- ❒ Palpable Breast mass (discrete, fixed, hard lump)
  - ❒ greater than 2 cm
- ❒ Unilateral bloody nipple discharge
- ❒ Recent nipple distortion/ inversion
- ❒ Unilateral nipple/areola rash
- ❒ Other: _____



Indicate site of clinical finding

RADIOLOGIST REPORT:

- ❒ Normal/ benign
- ❒ Ultrasound guided core biopsy
- ❒ Stereotactic guided core biopsy
- ❒ Needle localization/surgical biopsy
- ❒ Other: _____

Must fax all previous breast imaging reports if exam not performed at HSN.

OTHER RELEVANT HISTORY: (please answer all questions).
Please provide further clinical history on separate page if felt necessary

	YES	NO
Personal history breast/ ovarian cancer	❒	❒
Previous breast biopsy (fax report)	❒	❒
Family history breast /ovarian cancer (1st degree relative)	❒	❒

	YES	NO
Medications:		
Aspirin	❒	❒
Coumadin	❒	❒
Nonsteroidal anti-inflammatory		
Allergies: Latex	❒	❒
Local anaesthetic	❒	❒

SURGEON OF CHOICE: ❒ First available ❒ Dr. R. Benedict ❒ Dr. M. Brûlé ❒ Dr. P. Bhatia ❒ Dr. R. Paradis ❒ Other _____

Referring Physician:

Name: _____

Telephone: _____

Facsimile: _____

Billing #: _____

Signature: _____

Date: _____

Please use practice stamp where available

For Office Use Only: Surgeon: _____ Appointment: _____ *(date/ time)* Patient Notified: _____ *(date)*

Imaging Requests:

❒HSN ❒Ontario Breast Screening Program ❒ My Health Center ❒Other _____