

BREAST SCREENING AND ASSESSMENT SERVICE (BSAS) REFERRAL FORM

Facsimile: (705) 523-7014

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

PATIENT INFORMATION: (affix patient label if available)

Surname: _____ Given Name: _____ DOB: _____

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

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

Health Card No.: _____ Patient aware of referral: Yes No

Patient has consented to a message being left at contact #? Yes No

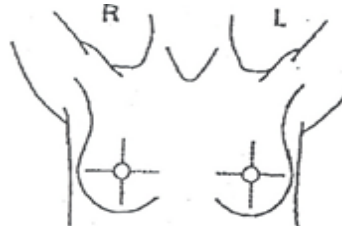
INDICATE BREAST IMAGING STATUS:

Recent breast imaging should be completed prior to referral to BSAS.

- Breast imaging completed at Health Sciences North (HSN).
- Breast imaging completed outside HSN. Report attached.
- Breast imaging requisition submitted to HSN, result pending. BSAS to coordinate breast imaging and surgeon appointment due to:
 - Highly suspicious clinical finding **AND** a significant travel distance/mobility limitations

BREAST CLINICAL FINDINGS:

- None
- Peau d'orange/skin thickening/erythema/edema
- Palpable mass Hard/fixed
- Breast abscess; breast imaging not required prior to consult



Indicate site of clinical finding

- Recent nipple distortion/inversion
- Unilateral nipple rash
- Persistent asymmetric thickening, nodularity
- Spontaneous unilateral nipple discharge
- Other:

SURGEON CONSULT for management: (attach pertinent reports)

- Breast cancer treatment surgery; pathology diagnosis outside HSN
- Prophylactic mastectomy +/- breast reconstruction
- Other:

RELEVANT HISTORY: (indicate all that apply)

- Personal or Family history (1st degree relative) of breast and/or ovarian cancer
- MEDICATIONS: On antiplatelet and/or anticoagulant
- Other:

SURGEON OF CHOICE (if possible): First available Dr. M. Brûlé Dr. P. Bhatia Dr. R. Paradis

Referring Physician/Nurse Practitioner:

Please use practice stamp where available

Name: _____

Telephone: _____

Facsimile: _____

OHIP Billing No: _____

Signature: _____

Date: _____