**Referral from Primary Care to the Family History Clinic in Secondary Care**

**(Wirral Breast Unit)**

***PLEASE USE THE ELECTRONIC E-REFERRAL SYSTEM TO DIRECTLY BOOK APPOINTMENT – THE PROFORMA NEEDS TO BE ATTACHED TO THE UBRN WITHIN 24 HOURS***

Telephone Contact No. for Booking Queries: 0151 604 7720

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| --- | --- | --- | --- |
| **REFERRER’S DETAILS** | | | |
| **Referring GP** |  | | **GP Code:** |
| **Registered GP** |  | | |
| **GP Address & postcode** |  | | |
| **GP Tel. No.** |  | | |
| **GP Fax. No.** |  | | |
| **Date seen by GP:** |  | **Decision to refer date:** | |
| **PATIENT DETAILS** | | | |
| **Title & Surname** |  | **Forename(s)** | |
| **D.O.B.** |  | **AGE:** | **Gender:** Male**☐** Female**☐** |
| **Address** |  | | |
| **Postcode** |  | **\*Tel. No. (day)** | **Mobile Tel.** |
| **\*Tel. No. (evening)** |  | **NHS No.** | **Hospital No.** |
| **CULTURAL, MOBILITY, IMPAIRMENT ISSUES** | | | |
| What is the patient’s preferred first language? ………………………………………………..  Does the patient require Translation or Interpretation Services? YES ☐ NO ☐ ………………………………………  Please list any hearing or visual impairments requiring specialist help (Sign language, Braille, Loop Induction systems) ………………………………………………………………………………………………………  Is Disabled Access Required? YES ☐ NO ☐ Is transport required? YES ☐ NO ☐ ………………………  Ethnic Origin: …………………………………. Religion: ……………………………………………………………..  Is the patient from overseas? YES ☐ NO ☐ Is the patient a temporary visitor? YES ☐ NO ☐ | | | |

**Criteria for Referral from Primary Care to the Family History Clinic in Secondary Care (Wirral Breast Unit)**

**Criteria for referral to secondary care for women without a personal history of breast cancer:**

1. **One first degree female relative diagnosed with breast cancer younger then aged 40years**

**or**

1. **One first degree male relative diagnosed with breast cancer at any age**

**or**

1. **One first degree relative with bilateral breast cancer where the first primary was diagnosed before the age of 50**

**or**

1. **Two first degree, or one first degree and one second degree relative diagnosed at any age**

**or**

1. **One first degree or second degree relative diagnosed at any age PLUS one first degree or one second degree relative diagnosed with ovarian cancer at any age (one of these should be a first degree relative)**

**or**

1. **Three first degree or three second degree relatives diagnosed with breast cancer at any age**

**Advice should be sought if any of the following are present in the family history but the women does not fulfil the above criteria:**

**Bilateral breast cancer , Male Breast Cancer, Ovarian cancer,**

**Ashkanazi Jewish ancestry, Sarcoma in a relative younger then 45 years,**

**Glioma or childhood adrenal cortical carcinomas, complicated patterns of cancer at a young age**

**Please inform women that they will receive a Family History questionnaire.**

* **If they are at normal risk they will receive a letter explain why**
* **All other patients will receive an appointment**
* **If the questionnaire is not returned within 16 weeks they will be discharged back to the GP**

**For Further Information Contact the Service: 0151 334 4000 ext.4696**