

# Illawarra Shoalhaven Breast Cancer MDT Referral Form

## Patient

<b>Surname:</b>		<b>First name:</b>	
<b>MRN:</b>		<b>DOB:</b>	<b>General Practitioner:</b>

## Referrer

<b>Surgeon</b>	<b>Medical Oncologist</b>	<b>Radiation Oncologist</b>	<b>Patient seen in:</b>
Andrawis	Chantrill	Chen	Outpatient clinic
Iorgulescu	Aghmesheh	de Leon	Inpatients
Jones	Brungs	Fox	Private rooms
Mekisic	Clingan	Fylyk	
Palasovski	Glasgow	Gandhidssan	
Sitharthan	Mapagu		ICCC
Verschuer	Tafreshi		SCCC

<b>Date of referral to surgeon / specialist:</b>	
<b>Date of first consultation with referring specialist:</b>	
<b>ECOG score at first presentation:</b>	

## Triage category

<b>For priority discussion</b>	<b>For discussion</b>	<b>Not for discussion</b>
<b>1A</b>	Candidates for neoadjuvant treatment,	<b>3A</b>
	Invasive breast cancer with high likelihood of genetic abnormality	
	Patients with complex medical histories	Low grade DCIS
	<b>2A</b> Higher risk invasive breast cancer, eg: larger, higher grade, node-positive, triple negative	
	<b>2B</b> Complex metastatic breast cancer requiring multidisciplinary input	
	<b>2B</b> Low-moderate risk invasive breast cancer, eg: smaller, lower grade, node-negative, hormone receptor positive	
	Intermediate and high grade DCIS/LCIS	
	<b>2C</b> New issue for patient previously treated	
	New issue for patient currently on treatment	

## Presentation

--

## Imaging / Diagnostic procedures

Imaging Provider	Procedure	Date

## Surgical Procedures

<b>Hook wire localisation</b>	<b>Wide local excision / re-excision</b>	<b>Sentinel lymph node biopsy</b>	<b>Axillary node dissection</b>	<b>Mastectomy</b>
Date: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>

## Pathology provider

<b>SEALS (TWH)</b>	<b>Southern IML</b>	<b>Other</b>
Date: <input style="width: 80%;" type="text"/> Episode #: <input style="width: 20%;" type="text"/>	Date: <input style="width: 80%;" type="text"/> Episode #: <input style="width: 20%;" type="text"/>	Date: <input style="width: 80%;" type="text"/> Episode #: <input style="width: 20%;" type="text"/>

## Clinical question for consideration by the MDT

--