**St Helens and Knowsley Teaching Hospital NHS Trust Immediate DIEP/OncoPlastic Services Referral Proforma**

**Please provide as much information as available**

***\*Patients details***:*(Stick Addressograph)*

Date: ……………………………

…………………………………………………………… Referring Consultant:…………………………

…………………………………………………………… Referring Clinician: ……………………………

…………………………………………………………… Breast care Nurse………………………………

 Hospital: ……………………………………………

**\*Diagnosis: …………………………………………………………………………………………………………..**

***\*Reason for referral*:** Consideration for *(Please Circle/ Tick)*

 **Mastectomy & Immediate Reconstruction** for Right / Left / Bilateral

 **Delayed Reconstruction** for Right / Left / Bilateral

 Other………………………………………………………………………………………………………...

***\*Discussed with specific Whiston Consultant:***

***Breast………………………Plastics…………………….. Not discussed………………….***

**Referring consultant requesting to attend for Mastectomy? Yes/No**

***Patient Background*:**

Performance Status:

Height Weight \*BMI

Current Bra size worn: ……………………… Asymmetry :

Smoker\*: Yes / No Stop date: ………………Never

Diabetes Yes / No Type 1 Type 2

Medication…………………………………………………………………………

Other co- morbidities…...……………………………………………………

\****Surgery performed to date****:*

AXILLA: Sentinel node biopsy Clearance

BREAST: Core Biopsy / Wide Local Excision / Mastectomy

Side: …………. Date:……………….

***Specimen weight*** *:* …………………..grams

**\*Histology: Please attach all histology reports**

 \****Staging scan performed (please tick*):**

CXR CT chest/abdomen/pelvis Bone scan Echocardiogram

Other

 **ECHOCARIOGRAM report** – please attach

***\*Additional treatment received or planned***

**Chemotherapy** Yes / No Planned ………………… Completion date……………………

**Radiotherapy**: Yes / No /Planned Right / Left / Bilateral

**Hormone therapy**: Tamoxifen/ Aromatase inhibitor

**Biological therapy: ……………………………………………….**

**Previous Reconstruction**: Tissue Expander / Implant / Strattice / Ti-Loop/…………..:

Right / Left / Bilateral

Previous Breast Reduction / Mastopexy Right / Left / Bilateral

 Other surgery…………………………………………………………………………………………………………

 Risk Reducing discussion: Done / Awaiting / Not applicable

\*Psychologist referral: (N/A)/ Yes report attached / Has been referred

\*Genetic testing referral: (N/A)/ Yes report attached / Has been referred

**Patient Targets:**

**62 day target date if known:**

**Post-operative histology will be sent to referring trust for MDT discussion and patient consultation unless specified otherwise. Please inform if you would like us to take over care.**

**Please email *completed* form to** [**appointmentssthk@nhs.net**](#_Hlk25852830)

**This will be received by the Breast surgical team for clinical triage.**

**\* MUST be completed prior to sending referral**