

PROVIDENCE BREAST CENTRE REFERRAL


Phone: 604-877-8511 Fax: 604-877-8506

 Referral for clinical consultation. **This is not a Medical Imaging requisition.**

 Date of Referral (dd/mmm/yyyy): _____ First available or specify: _____

Reason for Consultation

- | | | |
|---|--|---|
| <input type="checkbox"/> Newly diagnosed breast cancer | <input type="checkbox"/> Recurrence of breast cancer | <input type="checkbox"/> Breast lump |
| <input type="checkbox"/> Skin thickening | <input type="checkbox"/> Nipple discharge | <input type="checkbox"/> Gene mutation/prophylactic surgery |
| <input type="checkbox"/> Second opinion/Transfer of care <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other: _____ | |

***Ensure appropriate recent breast imaging/pathology is attached with referral, incomplete referral may get declined.**

*Please note we do not see patients with breastfeeding related issues, breast pain, breast infection, benign breast imaging with benign breast exam and second opinion of imagining abnormalities.

Patient Information

First name:		Last name:		Preferred pronouns:	
DOB: (dd/mmm/yyyy)		PHN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	
Patient address:					
Patient email:				Consent to contact patient by email: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Phone:		Alternate phone:		Interpreter required: <input type="checkbox"/> No <input type="checkbox"/> Yes Language: _____	

Referring Provider Information

Provider name:		Billing number:			
Office phone:		Office fax:		Signature:	
If referring provider not Primary Care Physician:					
Primary Care Physician name:		Office phone:		Office fax:	
Additional copies of consultation report to:					

Clinical Information (All fields below required or attach requested information)

Breast history/current concern:		Physical exam findings:	
Other relevant medical history:			

We will notify the patient and your office regarding the date and time of this appointment once triaged based on presenting findings and associated treatment strategies. Patients with high-risk breast lesions will be given next priority. Patients with benign breast disease will be seen by a breast physician or breast surgeon depending on presenting concern. We strive to deliver the best possible care to all patients in a timely fashion. If there is a concern with how this referral has been processed or triaged, please contact the Providence Breast Centre at 604-877-8511.



Centralized Patient Referral Form Guide

The Providence Breast Centre (PBC) at Mount Saint Joseph Hospital (MSJ) is dedicated to navigating the care of patients with breast cancer.

Access to PBC – Two streams of intake into PBC

1. **Direct Referrals:** Patients that have completed diagnostic imaging in facilities outside MSJ can be referred directly to the clinic.

- These patients REQUIRE complete work ups prior to being accepted into Providence Breast Centre.
- Referral requests can be faxed to 604-877-8506.
- Please provide imaging and pathology (if applicable) reports with request for consultation.

2. **Through MSJ Radiology**

Patients who have breast imaging at MSJ and require BIOPSY will be referred to Radiology by PBC for follow-up. Radiology Requisition Form http://www.msjbreastclinic.com/docs/MSJBreastImg_ref.pdf

- Referral to both MSJ Medical Imaging and PBC is not required.
- Patients with normal imaging or imaging findings NOT requiring biopsy will be discharged from Radiology to the care of the referring provider.

We **DO NOT** provide consultation at Providence Breast Centre for:

- Benign breast imaging with benign breast exam
- Breast pain
- Breastfeeding related concerns
- Breast infection
- Second opinion of imaging abnormalities

If your patient has been recommended to proceed with image-guided biopsy by radiology, please organize the biopsy at the facility recommended by the radiologist – we cannot expedite biopsies at other facilities.

What constitutes a complete referral:

- Breast concerns need to be accompanied by breast imaging. Patients over 40 require a mammogram.
- For example:
 - A breast lump requires ultrasound
 - Patient with proven cancer under the age of 40 requires a mammogram, can refer to our Breast Centre in the meantime while it is being organized.
- If a new breast concern is raised during follow-up appointment, further imaging is required to evaluate new concern.

Goal wait times:

- Patients with cancer will be seen in less than two weeks.
- Patients with high-risk lesions will be seen within a month.
- All other cases seen within six months.

If there is a concern, please contact the Providence Breast Centre at 604-877-8511 or visit our website: <http://www.msjbreastclinic.com> for more information.

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