

# Referral Form

Tel: 07 5452 0500  
Fax: 07 5444 1958

## Breast Clinic

### Referral for

Mrs  Ms  Mr Name: ..... DOB: .. / .. / ..

Address: .....

Phone number: ..... Medicare number: .....

### Reason for Referral

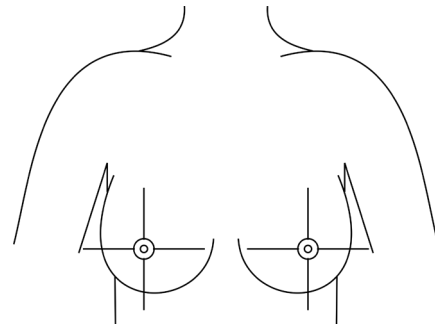
- Screening Program** Mammography for asymptomatic women 40 years and over
- High-Risk Screening Program** Asymptomatic women of any age with a past or family history of breast cancer or high-risk lesion
- Diagnostic Clinic** Symptomatic women for assessment which may include mammography, ultrasound, needle sampling, and surgical referral if indicated
- Core Biopsy** Images and reports required prior to allocation of appointment
- Pre-Operative Localisation**  Ultrasound  Stereotactic guidance

### Relevant History

- Has the patient had a previous mammogram?  No  Yes Year? .....
- Does the patient have a past history of breast cancer?  No  Yes
- Does the patient have a family history of breast cancer?  No  Yes  Unknown

### Clinical Findings

- |                                       | Right                    | Left                     |
|---------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Lump         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Thickening   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dimpling     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pain         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Inflammation | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Discharge    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other        | <input type="checkbox"/> | <input type="checkbox"/> |



### Routine Appointments

Please indicate a suitable timeframe: Within  1  2  3  4 weeks

For urgent appointments the referring Doctor should call the Breast Clinic directly on **07 5452 0500**.

### Further Referral Options

If the Breast Clinic finds a condition that requires a surgical opinion or treatment, I would prefer the Breast Clinic to:

- Return the patient to me to discuss further treatment.
- Call me to discuss further referral.
- Refer the patient directly to Dr .....
- Refer the patient to Specialist Outpatients at ..... Hospital

### Referring Doctor

Name: .....

Surgery: .....

Address: .....

Telephone: ..... Facsimile: .....

Email: .....

Signature: .....

### Practice Stamp

Provider No. .... Date: .. / .. / 20 ..

# Your visit to the clinic

## Breast Clinic

### To Make an Appointment

**Telephone** 07 5452 0500, between 8.30am and 5.00pm Monday to Friday

**Fax** 07 5444 1958

**Email** [suncoastbreastclinic@uhealth.com.au](mailto:suncoastbreastclinic@uhealth.com.au)

### Clinic Details

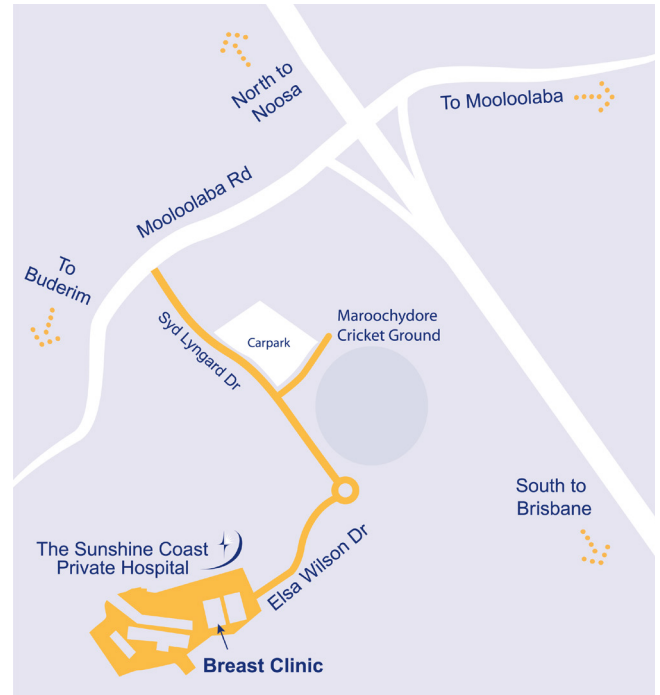
**Location** Suite 11, Building A, Level 2  
Nucleus Medical Suites  
12 Elsa Wilson Drive, Buderim Qld 4556

Adjacent to The Sunshine Coast Private Hospital at Buderim.  
Look for Blue Lift A in the far end of the Nucleus Medical Suites parking area, take this to Level 2 and turn right on exiting the lift.

**Parking** Parking in the Nucleus Medical Suites car park can be limited. We recommend parking in the Maroochydore Cricket Ground parking lot off Syd Lyngard Drive, and catching the Courtesy Bus to the Hospital. This service operates every 5-10 minutes. Patients can be dropped off or picked up by car or Courtesy Bus at the waiting area just outside the Exit from the Nucleus Car Park.

**Email** [suncoastbreastclinic@uhealth.com.au](mailto:suncoastbreastclinic@uhealth.com.au)

**Website** [sunshinecoasthospital.com.au/breastclinic](http://sunshinecoasthospital.com.au/breastclinic)



**Your doctor has recommended that you use The Sunshine Coast Private Hospital's Breast Clinic. You may choose another provider but please discuss this with your doctor first.**

### Your Appointment

At ..... am/pm on .....

**Should your symptoms alter significantly or you are worried about the timing of your appointment please consult your referring Doctor who will contact the Clinic if a more urgent appointment is required.**

### General Information

Please call us on 07 5452 0500 if you have any enquiries; if you wish to change your appointment; or if you are unable to attend.

Please remember to bring any previous mammograms. They are extremely important in the interpretation of your present films.

Please do not wear cream or talcum powder on your breast area. You may wear non-aerosol deodorant. Please avoid wearing perfume.

It is a good idea to wear a two-piece outfit.

You will be here for a minimum of 3 hours so you may like to bring something to help occupy your time.

If you experience tender, painful breasts before your period, you may prefer defer your appointment until after your next period.