SOUTH ISLAND INTEGRATED BREAST CANCER PROGRAM CENTRALIZED REFERRAL

island health

IMPORTANT

Inclusion criteria: primary breast invasive or in-situ carcinoma, biopsy proven. Patient MUST be aware of diagnosis

- Invasive mammary carcinoma (ductal, lobular or other subtype)
- In situ breast carcinoma (DCIS, LCIS)
- Other breast malignancy (e.g. phyllodes tumor)

Please fill out the entire form and fax to number in the ROUTING section below.

PATIENT INFORMATION	REFERRER INFORMATION
Last name	Referring primary care provider
First name	MSP #
Date of birth Month Day Year	Clinic Name Street Address Phone STAMP
PHN	
Primary contact number	Primary care provider full name
Email address	☐ Same as ordering practitioner

REFERRAL INFORMATION

☐ Invasive mammary carcinoma (ductal, lobular or other subtype)

☐ In situ breast carcinoma (DCIS, LCIS)

☐ Other breast malignancy (e.g. phyllodes tumor)

Refer to

☐ **First Available Surgeon**

☐ Requested Surgeon (s)

- ☐ Dr. Bradley Amson
- ☐ Dr. Darren Biberdorf
- ☐ Dr. Johann Cunningham
- ☐ Dr. Heather Emmerton-Coughlin
- ☐ Dr. Allen Hayashi
- ☐ Dr. Mohammadali "Sohrab" Khorasani
- ☐ Dr. Elaine Lam
- ☐ Dr. Alison Ross
- ☐ Dr. Bao Tang

Date patient informed of cancer diagnosis:
Month Day Year

Site of malignancy
☐ Left ☐ Right ☐ Bilateral

Suspect inflammatory
☐ Yes ☐ No

Previous breast cancer
☐ Yes ☐ No

40 years of age or less
☐ Yes ☐ No

Pregnant
☐ Yes ☐ No

Indicate recent imaging performed:

Mammogram
☐ Yes ☐ No

Ultrasound
☐ Yes ☐ No

Magnetic Resonance Imaging (MRI)
☐ Yes ☐ No

- **Existing imaging results must be attached**
- Please attach patient's medical history if available

ROUTING

FAX # 250-370-8102	Date referral sent Month Day Year	Total # of pages faxed

ROUTING TO SURGEON OFFICE – *This section to be completed by SI Integrated Breast Cancer Program*

Allocated surgeon	Date PCP confirmed referral Month Day Year	Tentative surgical date Month Day Year	Date referral faxed to surgeon Month Day Year	Total # of pages faxed

PCP / Patient decision if wait over benchmark (FNA, requested surgeon)	Wait time of initial requested surgeon (if over benchmark)

If you have questions or would like to suggest changes to this form, please contact RegionalClinicalForms@viha.ca