

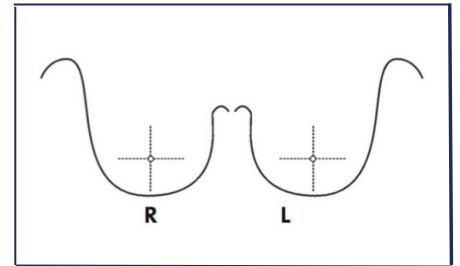
## Breast Imaging Referral Form

### Patient details

Title:  First name:  Surname:  DOB:   
 Address:  Postcode:   
 Tel:  Mobile:  Email:   
 Insurer:  Policy no:  Auth code:  Self-funding:

### Examination required to be reported by:

Clinical indication for examination - please summarise relevant history, clinical findings and test results. Indicate the question that the examination should answer.



**Please state when and where previous breast imaging was performed, so that it can be retrieved for comparisons.**

### Previous history

Family:   
 Breast cancer:   
 Radiotherapy / chemotherapy:   
 Breast surgery:   
 LMP:  Parity:  Post-menopausal:   
 HRT/OC:  Duration:  DEXA scan required:

N.B. This form is a legal document - Referrer's Declaration

- The correct patient details have been provided
- I have discussed the examination, including any intervention, with the patient/guardian
- I have taken into account the possibility of pregnancy
- I have given sufficient information for the request to be justified according to IR(ME)R 200
- I will ensure that the examination results are recorded in the patient's notes

### Referring consultant/GP - PLEASE COMPLETE ALL THE CONTACT INFORMATION BELOW

Referred by:  Signature:   
 Hospital/clinic:  Tel:  Fax:   
 Report requested by:  Email:  Date:

Please email the complete form to: [bookings.womenshealth@onewelbeck.com](mailto:bookings.womenshealth@onewelbeck.com)

All sections must be completed by the referrer.