

Comprehensive Breast Program
 Referral Form

Patient Name: Last _____ **First** _____ **MI** _____

DOB: _____ DHMC MR#: _____

Address: _____ City, ST: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Referring Provider: _____ Office #: _____

Contact Person: _____ Fax #: _____

Staff Physician (if different from above): _____ Office #: _____

Management of Care:

- Evaluate and treat at DHMC
- We/the patient would like a 2nd opinion only
- Please assume a subset of care:
Specify: _____
- Familial Cancer Program (please call (800) 251-0097)

Additional Info:

Service/Appointment Requested (check all that apply):

- Mammogram/ultrasound & follow-up breast exam
- Second opinion on mammograms
- Biopsy (DHMC mammogram review required)
- Second opinion on films/scans
- Genetic testing/counseling/risk assessment
(please call Familial Cancer Program (800) 251-0097)

- Consultation with:
- Breast Surgeon
 - Plastic Surgeon
 - Medical Oncologist
 - Radiation Oncologist

Presenting Symptom/Diagnosis: Left breast Right breast Both

- Abnormal mammogram Please mark location on diagram ►
- Breast lump: Location: _____ cm from nipple _____
- Skin changes (describe): _____
- Nipple discharge (circle color): Black/Brown Red Tan Green Yellow Milky Clear
- New diagnosis of breast cancer: L R Type _____
- Prior diagnosis of breast cancer: L R Year of diagnosis _____ Type _____
- Family history of breast cancer: Relation to patient _____ Age at dx (if known) _____
- Family history of ovarian cancer: Relation to patient _____ Age at dx (if known) _____



Previous Treatment:

- Mammogram/Ultrasound (Important: list all facilities where **last three** mammograms have been done, and specify approximate dates)
- Biopsy – Diagnosis? _____
- Surgery - Type? _____
- Chemotherapy _____
- Radiation therapy _____
- Other: _____

Dates (mm/yy) and Location(s) of Treatment:

Information required:

- ♦ All office and treatment notes, mammo and ultrasound reports, pathology reports, labs – current/prior diagnosis
- ♦ Films: mammograms (last 3 available), MRI's, ultrasounds, scans
- ♦ Pathology slides for general surgery or medical oncology referrals

Send to:

Fax #: (603) 653-3502

Attn: Mammo Review, DHMC,
 One Medical Center Drive, Lebanon, NH 03756

Attn: Wendy Wells, Pathology, DHMC,
 One Medical Center Drive, Lebanon, NH 03756