

## GENERAL PRACTITIONER REFERRAL AND REQUEST For Breast Assessment and Imaging/Investigations

The Imaging/Investigations requested in this form can be taken to a diagnostic imaging provider of the patient's choice.

### Patient Details

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicare number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Contact number: \_\_\_\_\_

**Referral for comprehensive breast assessment**

**May include:**

- Clinical breast examination
- Breast cancer risk assessment
- Radiologist Consultation
- Breast Imaging/ Investigation as below, and/or as deemed indicated by Consulting Radiologist
- Specialist Breast Surgeon consultation as deemed indicated by Consulting Radiologist

**Breast Surgeon** (✓select to indicate)

Referral to one of Wesley Breast Clinic consulting Breast Surgeons if required?

- |   |  |
|---|--|
| <input type="checkbox"/> Prof Ian Bennett     | <input type="checkbox"/> Dr Ben Green        |
| <input type="checkbox"/> Dr Beth Campbell     | <input type="checkbox"/> Dr Jeremy Khoo      |
| <input type="checkbox"/> Dr Melinda Cook      | <input type="checkbox"/> Dr Kowsi Murugappan |
| <input type="checkbox"/> Dr Simone Geere      | <input type="checkbox"/> Dr Kate Stringer    |
| <input type="checkbox"/> Dr Jenny Gough       | <input type="checkbox"/> Dr Peter Vojovic    |
| <input type="checkbox"/> Other Surgeon: _____ |  |

**No, prefer patient to return to referring practitioner**

**Diagnostic breast imaging services** (✓select to indicate)

- Mammography/Tomography
- Contrast enhanced mammography (CEM)
- Ultrasound

### IV Contrast ALERT

*Referrer to complete for contrast enhanced mammography*

Diabetes metformin treatment?

Yes  No

Contrast allergy?

Yes  No

Renal impairment?

Yes  No

Creatinine level:

eGFR: \_\_\_\_\_

Date:    /    /

Pregnant?

Yes  No

### Reasons for Request and Referral

\_\_\_\_\_  
\_\_\_\_\_



- Previous breast cancer
- Increased risk of breast cancer
- Known gene mutation
- Breast implants
- Nipple symptom
- Lump/Thickening
- Pain/Discomfort
- Other symptom(s) or sign(s): \_\_\_\_\_

### Clinical notes\* & history

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Same Day Results

Patient preference:

Yes  No

*Clinical notes are required for Medicare rebate to be applied (where relevant)*

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Allergies

Second opinion of:

Current medications

Previous imaging:

### Referring Doctor Details

Name: \_\_\_\_\_ Date of referral: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

### Your Next 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 Wesley Breast Clinic (the Clinic) if a more urgent appointment is required.

### Information for your visit to the Clinic ...

#### General Information

- + Please ring us if you have any enquiries; if you wish to change your appointment; or if you are unable to attend.
- + Please inform the Clinic prior to your appointment if you have had previous breast imaging elsewhere.
- + 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 separates.
- + Your visit will probably involve some waiting so you may like to bring something to help occupy your time.
- + As the Clinic is a comprehensive Breast Assessment/Imaging/Investigation clinic you may be here for up to 4 hours.

### To Make an Appointment at the Clinic

Telephone: 07 3232 7202 between 8.30am and 5.00pm Monday to Friday

Fax: 07 3217 8840

Email: wesleybreastclinic@uhealth.com.au



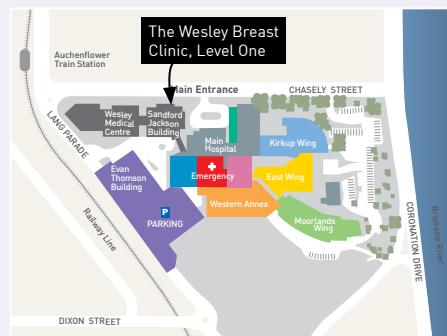
wesley.com.au

### Clinic Details

**Location:** Level 1, The Sandford Jackson Building  
The Wesley Hospital  
Cnr Coronation Drive & Chasely Street,  
Auchenflower Qld 4066  
(Adjacent to Auchenflower railway station, parking also available at The Wesley)

**Postal Address:** PO Box 499, Toowong Qld 4066

**Email:** wesleybreastclinic@uhealth.com.au



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