Lakeridge Health

Breast Assessment Program
Breast Surgeon Consult Form

Lakeridge Health
Telephone: 905−576−8711 ext. 6414
Fax: 905−721−7784

...coordinating breast cancer diagnosis and treatment in the Durham Region...

Date of Referral: DDMMMYYYY ❒ Patient has been informed of this referral

The Breast Assessment Centre will provide patients with timely access to an interdisciplinary team: surgeon, nurse navigator, pathologist, and other health disciplines, i.e. social worker as required. A nurse navigator will participate in facilitating the plan of care.

Referring Physician
Name: _____
Address: _____
Phone: _____ Fax: _____
Physician Signature: _____
Physician Billing Number: _____

Family Physician
Name: _____
Address: _____
Phone: _____ Fax: _____

Patient Information (name as it appears on Health Card)
HCN# _____ VC ____ Unique #_____
Surname: _____ Given Name: _____ Initial: _____
Address: _____ Town: _____
Postal Code: _____ Home Phone: _____ Work: _____
Contact: _____ Date of Birth: _____

Reason for Referral:
❒ Mammogram Findings ❒ Positive Core Biopsy ❒ Suspicious Breast Lump ❒ 2nd Opinion
❒ Other: _____

Tests Completed	Test Done at (Name of Diagnostic Facility)	Date	Report Available
❒ Mammogram			❒ Yes ❒ No
❒ Ultrasound			❒ Yes ❒ No
❒ Fine Needle Aspiration			❒ Yes ❒ No
❒ Core Biopsy			❒ Yes ❒ No
❒ Genetic Testing			❒ Yes ❒ No
❒ Genetic Counseling			❒ Yes ❒ No
❒ Other			❒ Yes ❒ No

Comments/Specifics: _____

BAP Centre Use Only

Breast Imaging−Priors Only ❒

Radiologist Consult ❒

Priority: 1 2 3
Further diagnostics ordered: _____
Surgeon: _____
Appointment Date & Time: _____
Nurse Navigator: _____