## QVH Breast Surgical Treatment Referral Proforma

Please email to **tqv-tr.Referrals@nhs.net** **– with email subject ‘URGENT CANCER’**

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| Queen Victoria Hospital NHS Foundation Trust |
| Patient Name: | **Patient DOB:** |
| Patient NHS Number:  |
| Patient Address: | **Patient Contact Details:**  |
| Date of Referral:  | **Referring Hospital:**  |
| Operating Surgeon:  | **Key Worker:**  |
| Diagnosis:  | **Latest MDT Outcome:** |
| Planned Surgery (including estimated LOS): | **Estimated Length of Operation:** |
| Urgency of Surgery < 2 weeks, 2- 4 weeks or >4 weeks: |
| Comorbidities (including performance status/medications/allergies):  |
| PAC Date:  | **Scheduling Contact at Referring Trust:**  |