## QVH Breast Surgical Treatment Referral Proforma

Please email to [**tqv-tr.Referrals@nhs.net**](mailto: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:** |