



CAMBRIDGE[®] BREAST CLINIC

GP REFERRAL FORM

Professor Gordon C Wishart

Consultant Breast Surgeon

Patient's Details	
Name	Telephone No
Date of Birth	Referral Date
Address	Hospital No
	NHS Number
GP's Details	
Name	Practice Code
	Telephone No
	Fax No
Medical Details	
<input type="checkbox"/> Discrete lump <input type="checkbox"/> Altered breast contour/dimpling <input type="checkbox"/> Bloodstained nipple discharge <input type="checkbox"/> Recent nipple inversion <input type="checkbox"/> Nipple discharge <input type="checkbox"/> Asymmetrical nodularity <input type="checkbox"/> Breast pain <input type="checkbox"/> Family history	<p>Please indicate site of concern</p> <p>R L</p>
Previous mammogram? yes / no If yes, when and where? PLEASE ASK THE PATIENT TO BRING PREVIOUS MAMMOGRAMS TO THE APPOINTMENT	
Additional Information	

Contact Details:

Secretary / Appointments

Tel: 01223 370933

Fax: 01223 281095

Email: Rachael.Jones@nuffieldhealth.com

Website: gordonwishart.com

Clinics at:

Nuffield Health Cambridge Hospital

4 Trumpington Road

Cambridge CB2 2AF