Alberta Health Services

Affix patient label within this box

Breast Health Referral

(Foothills Medical Centre Women's Health Ambulatory Care)

Submit completed referral by **fax** to 403-944-2250
call 403-944-2240 for inquiries. For more information visit –
www.albertahealthservices.ca/services/calgarybreasthealthprogram.aspx

Date *(yyyy-Mon-dd)*

Patient Information

First Name	Last Name	Phone
Address	Postal Code	Personal Healthcare Number
City	Province	Date of Birth *(yyyy-Mon-dd)*
Language Barrier *(if yes, please specify)*		Special Needs *(e.g. wheelchair)*

Previously seen at the Breast Health Program?
☐ No ☐ Yes, when *(yyyy-Mon-dd)* _____

Referral letter attached?
☐ Yes ☐ No, Reason for Referral _____

Presenting Problem
☐ Not Urgent
☐ Urgent

Patient aware of diagnosis?
☐ Yes ☐ No, why not? _____

Results

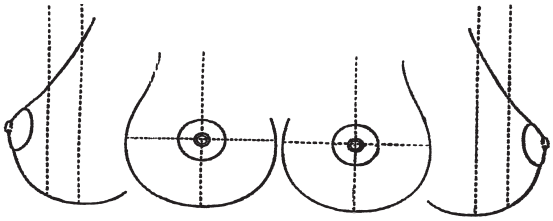
Please indicate whether the following test results are available or attached:

Biopsy	☐ Yes	☐ No	☐ Ordered	☐ Pending	☐ Attached
Mammogram	☐ Yes	☐ No	☐ Ordered	☐ Pending	☐ Attached
Ultrasound	☐ Yes	☐ No	☐ Ordered	☐ Pending	☐ Attached

Clinical Breast Exam – If there is a clinical abnormality, please indicate the location the diagram below

Right Breast ☐ Normal ☐ Abnormal – Position

Left Breast ☐ Normal ☐ Abnormal – Position



Comments _____

_____

_____

_____

Signature	Date *(yyyy-Mon-dd)*

Referring Physician

Name	Phone	Stamp
Address	Practice ID	
	Fax	