

URGENT REFERRAL / EMERGENCY:

for all emergencies, refer directly to the emergency department

OR
CONTACT RAAPID

North: **1-800-282-9111** or **780-735-0811**
South: **1-800-661-1700** or **403-944-4486**

EXCLUSIONS

- Augmentation / reduction
- Breast abscess (related to lactation)
- Breast feeding

CONTACT INFORMATION

BREAST HEALTH PROGRAM

PH 403-388-6324 **FX** 403-388-6647

www.ahs.ca/info/facility.aspx?id=3312&service=1026655

Chinook Regional Hospital
960 - 19 Street South
Lethbridge, AB T1J 1W5

CALGARY BREAST HEALTH PROGRAM

PH 403-944-2240 **FX** 403-944-2250

www.ahs.ca/services/calgarybreasthealthprogram.aspx

1441 - 29 Street NW
Calgary, AB T2N 4J8

CLINICAL BREAST HEALTH PROGRAM

PH 403-314-6056 **FX** 403-314-6072

www.informalberta.ca/public/service/service-ProfileStyled.do?serviceQueryId=1065549

Red Deer Regional Hospital Centre
3942 50A Avenue,
Red Deer, AB T4N 6R2

COMPREHENSIVE BREAST CARE PROGRAM

PH 780-638-2227 **FX** 780-643-4488

www.ahs.ca/info/service.aspx?id=1022658

Edmonton
(without a physical location)

HEREDITARY CANCER CLINIC (HCC)

PH 403-955-7373 **FX** 403-955-2701

Calgary Genetics Clinic

<http://albertareferraldirectory.ca>
(search for Dr. R. Perrier,
Calgary Cancer Geneticist)

Alberta Children's Hospital
2888 Shaganappi Trail NW
Calgary, AB T3B 6A8

HEREDITARY CANCER CLINIC (HCC)

PH 403-955-7373 **FX** 403-955-2701

Edmonton Genetics Clinic

<http://albertareferraldirectory.ca>
(search for Dr. D. Gilchrist,
Edmonton Cancer Geneticist)

University of Alberta
8-53 Med. Sciences Bldg
Edmonton, AB T6G 2H7

MANDATORY REQUIREMENTS FOR ALL REFERRALS

PATIENT DEMOGRAPHICS

- Patient last name, first name, given names
- PHN/ULI
- Gender
- Home address, *including* city & postal code
- Home phone, other phone (multiple contact numbers preferred)
- Emergency contact name & phone

REFERRING PROVIDER

- Name
- Address, *including* city & postal code
- Phone & fax

FAMILY PHYSICIAN

- Name
- Indicate if same as referrer or if patient has no primary care provider
- Address, *including* city & postal code
- Phone & fax

RELEVANT INFORMATION

- Summary of medical & treatment history
- Current medications
- Family history of breast cancer
- Languages - indicate if an interpreter is required and for which language
- Physical limitations
- Economic and social / psychological factors
- Special considerations

OPTIONAL INFORMATION: CO-MORBIDITIES

PLEASE IDENTIFY IN THE REFERRAL IF THE PATIENT HAS ANY OF THE FOLLOWING:

- Active infections (e.g. cellulitis, shingles, TB, ARD)
- Cardiovascular disease (e.g. prior CAD/CHF/MI)
- Cognitive issues
- Diabetes
- GI disease
- History of stroke
- Liver disease (hepatitis B or C)
- Peripheral vascular disease
- Renal disease
- Respiratory disease (e.g. COPD, asthma)
- Rheumatologic disease (e.g. SLE, scleroderma)
- Venous thromboembolic disease (DVT/PE)
- Other concurrent medical problems

REASON FOR REFERRAL	PROCESS	MANDATORY INFORMATION	<i>Attach if available or indicate ordered/not applicable</i>
NON EMERGENCY REFERRALS			
BREAST CANCER INVASIVE	<p>CALGARY: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</p> <p>EDMONTON: Comprehensive Breast Care Program PH 780-638-2227 FX 780-643-4488</p> <p>LETHBRIDGE: Breast Health Program PH 403-388-6324 FX 403-388-6647</p> <p>RED DEER: Clinical Breast Health Program PH 403-314-6056 FX 403-314-6072</p>	<ul style="list-style-type: none"> • Referral letter • Pathology report 	<ul style="list-style-type: none"> • Cytology results • Diagnostic imaging report <ul style="list-style-type: none"> » age <30 years: breast ultrasound » age ≥30 years: mammogram
DUCTAL CARCINOMA IN SITU (DCIS)	<p>CALGARY: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</p> <p>EDMONTON: Comprehensive Breast Care Program PH 780-638-2227 FX 780-643-4488</p> <p>LETHBRIDGE: Breast Health Program PH 403-388-6324 FX 403-388-6647</p> <p>RED DEER: Clinical Breast Health Program PH 403-314-6056 FX 403-314-6072</p>	<ul style="list-style-type: none"> • Referral letter • Pathology report 	<ul style="list-style-type: none"> • Cytology results • Diagnostic imaging report <ul style="list-style-type: none"> » age <30 years: breast ultrasound » age ≥30 years: mammogram
FINDINGS ON DIAGNOSTIC IMAGING (DI)			
ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING (Breast Imaging Reporting And Data Systems) BIRADS 4-5	<p>CALGARY: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</p> <p>EDMONTON: Comprehensive Breast Care Program PH 780-638-2227 FX 780-643-4488</p> <p>LETHBRIDGE: Breast Health Program PH 403-388-6324 FX 403-388-6647</p> <p>RED DEER: Clinical Breast Health Program PH 403-314-6056 FX 403-314-6072</p>	<ul style="list-style-type: none"> • Referral letter • Diagnostic imaging report <ul style="list-style-type: none"> » age <30 years: breast ultrasound » age ≥30 years: mammogram 	<ul style="list-style-type: none"> • Diagnostic imaging guided biopsy results • Inform if the patient is on anticoagulants, NSAIDs or ASA
BENIGN FINDINGS ON DIAGNOSTIC IMAGING (Breast Imaging Reporting And Data Systems) BIRADS 2-3	<p>CALGARY: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</p> <p>EDMONTON: Refer to MyHealth.Alberta.ca</p> <p>LETHBRIDGE: Breast Health Program PH 403-388-6324 FX 403-388-6647</p> <p>RED DEER: Refer to MyHealth.Alberta.ca</p>	<ul style="list-style-type: none"> • Referral letter • Diagnostic imaging report <ul style="list-style-type: none"> » age <30 years: breast ultrasound » age ≥30 years: mammogram 	n/a

REASON FOR REFERRAL	PROCESS	MANDATORY INFORMATION	<i>Attach if available or indicate ordered/not applicable</i>
FINDINGS ON GENERAL BREAST EXAM			
<p>ABNORMAL FINDINGS ON BREAST EXAM including mastalgia / mastodynia (breast pain)</p>	<p>CALGARY: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</p> <p>EDMONTON: Refer to MyHealth.Alberta.ca</p> <ul style="list-style-type: none"> If patient has lump(s), refer to: Comprehensive Breast Care Program PH 780-638-2227 FX 780-643-4488 <p>LETHBRIDGE: Breast Health Program PH 403-388-6324 FX 403-388-6647</p> <p>RED DEER: Refer to MyHealth.Alberta.ca</p> <ul style="list-style-type: none"> If patient has lump(s), refer to Clinical Breast Health Program PH 403-314-6056 FX 403-314-6072 	<ul style="list-style-type: none"> Referral letter 	<ul style="list-style-type: none"> Diagnostic imaging report <ul style="list-style-type: none"> » age <30 years: breast ultrasound » age ≥30 years: mammogram
<p>SUSPICIOUS ABNORMALITY FOUND ON BREAST EXAM</p>	<p>CALGARY: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</p> <p>EDMONTON: Comprehensive Breast Care Program PH 780-638-2227 FX 780-643-4488</p> <p>LETHBRIDGE: Breast Health Program PH 403-388-6324 FX 403-388-6647</p> <p>RED DEER: Clinical Breast Health Program PH 403-314-6056 FX 403-314-6072</p>	<ul style="list-style-type: none"> Referral letter 	<ul style="list-style-type: none"> Diagnostic imaging report <ul style="list-style-type: none"> » age <30 years: breast ultrasound » age ≥30 years: mammogram
<p>HIGH RISK LESION FOUND ON BREAST BIOPSY (Atypical hyperplasia)</p>	<p>CALGARY: Calgary Breast Health Program PH 403-944-2240 FX 403-944-2250</p> <p>EDMONTON: Comprehensive Breast Care Program PH 780-638-2227 FX 780-643-4488</p> <p>LETHBRIDGE: Breast Health Program PH 403-388-6324 FX 403-388-6647</p> <p>RED DEER: Clinical Breast Health Program PH 403-314-6056 FX 403-314-6072</p>	<ul style="list-style-type: none"> Referral letter Pathology report 	<ul style="list-style-type: none"> Diagnostic imaging report <ul style="list-style-type: none"> » age <30 years: breast ultrasound » age ≥30 years: mammogram Past diagnostic imaging report(s)

REASON FOR REFERRAL	PROCESS	MANDATORY INFORMATION	<i>Attach if available or indicate ordered/not applicable</i>
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FINDINGS ON GENERAL BREAST EXAM

INCREASED RISK OF BREAST CANCER

CALGARY: Calgary Breast Health Program
EDMONTON: Allard Hereditary Breast & Ovarian Clinic
 PH 780-735-4718 FX 780-735-5611
LETHBRIDGE: Breast Health Program
RED DEER: Refer according to patient preference
 Calgary Breast Health Program
 PH 403-944-2240 FX 403-944-2250
 or
 Allard Hereditary Breast and Ovarian Clinic
 PH 780-735-4718 FX 780-735-5611

- Referral letter
- Copy of genetics letter, genetic test result or detailed family history

- Diagnostic imaging report
 - » age <30 years: breast ultrasound
 - » age ≥30 years: mammogram
- MRI report

INCREASED RISK FOR HEREDITARY CANCER SYNDROME

NORTHERN AB (North of Red Deer):
 Hereditary Cancer Clinic, Edmonton Genetics

- HCC Referral and family history form is required
 - » The HCC referral form is available online through the Alberta Referral Directory (ARD)

SOUTHERN AB (Red Deer and South):
 Hereditary Cancer Clinic, Calgary Genetics

- HCC Referral and family history form is required
 - » The HCC referral form is available online through the Alberta Referral Directory (ARD)
- A family history questionnaire
 - » An accurate family history is integral in the genetic risk assessment and triage. It can accompany the referral form, or be sent separately to the HCC within one month's time of referral (fax or mail preferred).

INCLUSION CRITERIA

- Personal history < 35 years
- Breast cancer in both breasts < 50 years
- Both breast and ovarian cancer in the same woman
- Multiple related family members with breast and/or ovarian cancer, especially if diagnosed at a young age
- Male breast cancer
- Ashkenazi Jewish ancestry with breast and/or ovarian cancer
- A known BRCA 1 or BRCA 2 mutation in the family
- Triple Negative (ER-,PR- Her2-)

- Family history form
- Pathology of affected site

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