

BREAST IMAGING REQUEST FOR CONSULTATION

Medical Imaging Department
Mount Saint Joseph Hospital

3080 Prince Edward Street, Vancouver, BC V5T 3N4

PHONE: 604-877-8323 FAX: 604-877-8132

Last Name _____		First Name _____	
Permanent Address _____		City _____	Postal Code _____
Telephone Number _____		Alternate Telephone Number _____	
Date of Birth (DD/MMM/YYYY) _____		Age _____	Gender _____
Personal Health Number _____		Language: _____ <input type="checkbox"/> Interpreter Required	

APPOINTMENT DATE: _____ **TIME:** _____ Patient contacted by Medical Imaging

Radiologist will determine appropriate imaging according to departmental protocols.

PRESENT COMPLAINT:

Lump

Thickening

Nipple discharge – specify color, side, duration: _____

Other – specify: _____

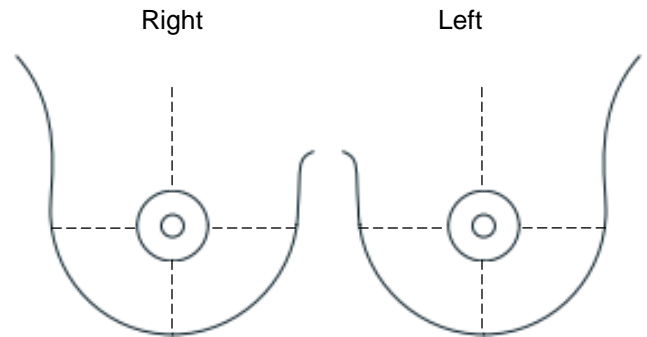
FOLLOW-UP SURVEILLANCE:

As recommended by previous Medical Imaging report
Date: _____

Previous breast cancer (Circle: Right / Left / Bilateral)

Breast Prosthesis (Implants)

MARK AREAS OF CONCERN: (NEW symptoms only)



HISTORY:

Previous mammogram: No Yes – Date & location: _____ Send previous images & reports

Previous ultrasound: No Yes – Date & location: _____ Send previous images & reports

Previous breast biopsy / surgery: No Yes – Results: _____

Family history of breast cancer: No Yes – Specify: _____

Anticoagulation therapy: No Yes – Type: _____

Pregnancy: No Yes – Gestational Age: _____

Breastfeeding: No Yes

Infection precautions: No Yes – Specify: _____

Wheelchair / Stretcher bound: No Yes

In submitting this requisition, I agree to allow the Radiologist to use their discretion in the choice of imaging techniques and subsequent tissue sampling. I consent to my patient being seen by a breast physician or surgeon at the Providence Breast Centre if deemed appropriate.

REFERRING PHYSICIAN:

Name: _____

Signature: _____ Billing #: _____

Phone: _____ Fax: _____

Family physician or Specialist (specialty: _____)

Additional copies of report to: _____

TECHNICAL IMPRESSION: (for Medical Imaging Dept use only)

Clerk	Tech	Rad

Appointments will not be booked until all prior reports are received ■ INCOMPLETE REQUISITIONS WILL BE RETURNED.