

EXTERNAL INTAKE FORM

Breast Care Center | High Risk Breast Clinic

PHONE (802) 847-2262 FAX (802) 847-0574

Date of Referral: _____

Patient Name: _____ DOB: _____ MRN: _____

Contact # for Patient (circle) Home/ Cell/ Work : _____

Patient aware of the referral: Yes No Referring Provider: _____ PCP: Yes No

Contact Person at Referring Office: _____ Phone # to call Referring Office: _____

Patient Referral: High Risk Breast Clinic

** Please note that Genetic counseling and testing is performed by the Familial Cancer Program (FCP) at UVM Medical Center.

Eligibility Criteria for the High Risk Breast Clinic

In order to best provide appropriate care for patients at an increased risk of breast cancer, we must ask that a patient referred to the High Risk Breast Clinic meet one or more of the following criteria.

Check all the criteria that apply and elaborate further on the blank lines provided below:

- Referred individual has a known genetic predisposition (e.g. BRCA1, BRCA2)- Fax results with form
- Referred individual has a first degree relative with a known genetic predisposition
- Referred individual has 1 first degree relative with breast cancer diagnosis under the age of 50
- Any family history of male breast cancer in first or second degree relatives
- Referred individual has 2 or more first degree relatives with breast cancer or ovarian cancer
- Referred individual has 1 first degree relative and 2 or more second degree relatives with breast cancer
- Referred individual has 1 first degree relative with bilateral breast cancer
- Referred individual has 3 or more second degree relatives with breast cancer
- Referred individual has 2 second degree relatives with breast cancer and 1 or more with ovarian cancer
- Referred individual has 1 second degree relative with breast cancer and 2 or more with ovarian cancer
- Prior thoracic radiation therapy (example: mantle radiation) between the ages of 10 and 30 years of age
- Personal history of ALH, ADH and/or LCIS within the last 5 years

** First- degree relative refers to parents, siblings and children*

** Second- degree relative refers to grandparents, grandchildren, aunts, uncles, nieces, nephews and half-siblings*

** Third- degree relative refers to cousins, great aunts and great uncles.*

Please elaborate (specific family history, treatment history, etc): _____

Include clinical notes, radiology imaging reports (at least the last 5 years), pathology reports (if indicated) and insurance information

For Breast Care Center Clinic use only:

Yes, patient accepted in High Risk Breast Clinic. Patient scheduled on: _____ with _____

No, patient referral declined. Referring provider will follow up with patient regarding appropriate breast screening. Patient does not meet eligibility criteria for High Risk Breast Clinic.

