

POSH: Diagnosis Information

Date Of Birth:

Hospital:

Height (m):

Weight (Kg):

Clinician:

Ethnic Origin:

Hospital Number:

Section 1 - Menopausal Status

Please tick the status that applies

Menopausal Status

- Premenopausal
- Perimenopausal
- Postmenopausal
- Unknown

Section 2 - Presentation

Please tick the appropriate presentation then any sites of distant metastatic disease that apply

Presentation

- Incidental at breast reduction appointment
- Incidental at Breast Reduction Mammogram
- Incidental at Mastectomy
- Incidental at reconstruction
- Routine Follow-up and imaging
- Screen detected-Mammogram
- Screen detected-MRI
- Screen detected-Sonogram
- Symptomatic

Sites Of Distant Metastatic Disease At Presentation

- Bone
- Bone Marrow
- Brain Meninges
- Brain Parenchyma
- Liver
- Lung Parenchyma
- Lung Pleura
- Mediastinal Lymph Nodes
- Other
- Ovary
- Pericardium
- Peritoneum
- Retroperitoneal Lymph Nodes
- Supraclavicular Lymph Nodes

If 'other', please specify:

Section 3 - Scan Results

Please write the result and location of any scans performed

Scan Results

	Result	Location of scan (Hospital)
Mammogram		
MRI		
PET		
Ultrasound		

Section 4 - Location Of Tumor

Please tick the location representing the site and side of the tumor

Site and side of tumor

- left
- left behind nipple
- Left Lower Inner Quadrant
- Left Lower Outer Quadrant
- left multi-quadrant
- Left Upper Inner Quadrant
- Left Upper Outer Quadrant
- right
- right behind nipple
- Right Lower Inner Quadrant
- Right Lower Outer Quadrant
- right multi-quadrant
- Right Upper Inner Quadrant
- Right Upper Outer Quadrant
- Unknown

Section 5 - Basis Of Diagnosis

Please tick the relevant basis of diagnosis prior to definitive surgery

Basis Of Diagnosis

- Clinical
- Cytology
- Excision
- Histology core biopsy
- Histology excision biopsy
- Pathological Examination
- Radiology

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Section 6 - Required Documents

Please tick and return the ticked documents with this form

Copies of the following documents must be provided

	Enclosed	Not Done
Cytology Report	<input type="checkbox"/>	<input type="checkbox"/>
Imaging - Mammo Report	<input type="checkbox"/>	<input type="checkbox"/>
Imaging - MRI Report	<input type="checkbox"/>	<input type="checkbox"/>
Imaging - Sonno Report	<input type="checkbox"/>	<input type="checkbox"/>
Initial Clinical Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Pathology - Core Biopsy Report	<input type="checkbox"/>	<input type="checkbox"/>
Pathology - Definitive Surgery Report	<input type="checkbox"/>	<input type="checkbox"/>
Pathology - Excision Biopsy Report	<input type="checkbox"/>	<input type="checkbox"/>