

Breast Pain Pathway Registration Form

Name of Breast Unit Submitting Pathway		
Date of implementation		
Age group covered by pathway		
Does the pathway involve primary care?	Yes	No
Who is responsible for running the pathway? e.g. breast care nurse specialist		
Does the pathway have written documents for governance? e.g. standard operating procedure	Yes	No
Does the pathway have governance approval from your Trust?	Yes	No
If yes, please give details		
Who is responsible for managing the pathway? e.g. breast care nurse specialist		
Does the pathway include a pre-appointment letter to patients with information?	Yes	No
Does the pathway involve up-front imaging?	Yes	No
If yes, is this mammogram only?	Yes	No
Does the pathway involve clinical examination?	Yes	No
Does the pathway involve history taking?	Yes	No
Does the pathway involve a patient questionnaire?	Yes	No
Has the pathway been audited?	Yes	No
If yes, has the audit been presented or published?	Yes	No

Does the pathway include patient reported outcomes?	Yes	No
Please give a summary of the pathway		

Please submit this form, along with any supporting documentation, to Lucy Davies at lucydavies@absgbi.org.uk