Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TRUST LOGO HERE

**Serious Diagnosis Information Communication – clinic letter to follow**

To be communicated to GP within (eg. 24hrs)

# Hospital name

**To Dr**

**From (specialist team member)**

**Consultant**

**Patient label:**

Your patient was seen in the oncology/breast clinic today by

and give a diagnosis of

What the patient has been told (please use specific language, if known)

Family present Yes No Date to be/been discussed at MDM

Proposed treatment and care plan (if currently known)

Named key worker

Contact details

# Support

We are able offer the following (eg. specialist information and support) for your patient

We will contact you by telephone if there are any urgent matters

If you require further information please do not hesitate to contact us.

Your patient can also obtain support relating to their diagnosis from Breast Cancer Care – the breast cancer support charity, by calling **0808 800 6000**.

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