GRAND RIVER HOSPITAL

GRAND RIVER REGIONAL CANCER CENTRE
NEW PATIENT REFERRAL FORM

Please complete ALL information and include all related reports with this request and
FAX to 519-749-4381 (**Phone: 519- 749-4370 Ext. 5720)**

PATIENT'S PERSONAL INFORMATION

NAME:			
Address		Apt. #	City, town, village
Postal Code	Home phone # Business/other phone #		Permission to contact patient at this number ?
Date of Birth	Age	Sex: F θ M θ	Patient currently: Home θ Hospital θ Where:

HEALTH INSURANCE INFORMATION

Is patient covered under Ontario Health Insurance Plan? θNo θYes Full name on Health Card: _____	Health Card Number	Version code	Exp date

REFERRAL INFORMATION: To be completed and signed by referring physician

Referring Physician's Name:	Physician Billing #:	Tel: ( )	Fax: ( )
Signature of Referring Physician (mandatory)			
Family Physician Name		Tel: ( )	Fax: ( )
Reason for Referral:			
Diagnosis:		Date Diagnosis Discussed with Patient:	

Requested Service:
Medical Oncology θ Radiation Oncology θ Skin Caner Clinic θ Other θ

****referrals for the skin cancer clinic must be accompanied with a description of the suspicious lesion or a confirmed pathology****

CLINICAL INFORMATION

Operative Procedures Dates:

Related Information	Sent With Referral	Date completed	Location
Pathology			
Operative reports			
Blood work			
Discharge Summary			
Consultation note(s)			

Imaging	Date	Location	Date Booked	Location
X-ray				
Mammogram				
CT				
MRI				
Nuclear Medicine				
Ultrasound				

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GRH2304 (2005-05-24)

Referrals must be accompanied by:
- **Pathology reports documenting cancer diagnosis**
- **A consultation letter highlighting presenting signs and symptoms and findings**
- **Completed referral form**

Our wish is to process referrals ASAP. **If tests/reports are in progress, please note the date of the procedure and the location and send in the referral.**

The following is **important Cancer Site Specific Information** required for staging and is important to ensure patients can be started on treatment as quickly as possible.

(For information on sites not listed please call the referral office at 749-4300 ext 5720)

<table>
<tr><th>Breast</th><th>Hematology</th><th>Gastrointestinal</th><th>Genitor-urinary</th><th>Lung</th></tr>
<tr>
<td>▪ History
▪ Examination
▪ Operating Room Reports
▪ Pathology
▪ Estrogen/progesterone receptor results
▪ Mammogram</td>
<td>Pathology reports:
Lymph node/tissue biopsies
Bone marrow (if done)</td>
<td>All available recent x-ray films and reports related to current presenting problems</td>
<td>Lab Reports:
Prostate: All PSA levels
Testes: HCG, AFP, LDH (pre and post-op)</td>
<td>Brief History
Examination
Chest X-Ray
Bronchoscopy (if done)
Operating room note (if had surgery)
Pathology
Chest/Liver/Adrenals
Pulmonary Function Tests
Bloodwork-CBC/Electrolytes/LFT's/Creatinine</td>
</tr>
<tr>
<td rowspan="2"><u>Additional Information</u>

Stage 1 and DCIS-
no further investigation

Stage II

▪ CBC/LFT's
▪ <4 nodes bone scan
▪ =>4 nodes bone scan/ultrasound abd/liver and chest X-Ray

Stage III & IV

▪ bone scan
▪ Ultrasound abdomen/liver
▪ Chest X-Ray
▪ CBC/LFT's</td>
<td><u>Laboratory Reports:</u>
CBC
Lymphocyte surface markers
(if done)</td>
<td rowspan="2"><u>Example:</u>
<u>Colon</u>:
Chest X-Ray
CT Chest, abdomen and pelvis</td>
<td rowspan="2"><u>Imaging Reports/Films</u>

Prostate:
Bone Scan (if done)
TRUS (if done)

Testes: Chest X-ray
CT Abdomen/Pelvis

Bladder: Cysto
CT Pelvis

Kidney: Chest X-ray
Bone Scan
CT Abdomen</td>
<td><u>Imaging Reports:</u>

Current and old Chest X-rays
CT Scan
Bone Scan</td>
</tr>
<tr>
<td>Scans:
CT, MRI and nuclear medicine
(if done)</td>
<td>PET Reports
(if done)</td>
</tr>
</table>

Patients remain under the care of the referring physician until seen by an Oncologist at our centre.