

NEW PATIENT REFERRAL

All below information is MANDATORY. Incomplete or unsigned referrals will be

Please complete ALL information. Fax all related reports with this request (unless within Cerner)

PATIENT INFORMATION

Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Referral (YYYY/MM/DD):
Address:		Alternate contact:	LRCP/LHSC Chart Number:
Email address:		Relationship:	Health Insurance Number:
		Phone number: ()	
Home/Cell Phone Number: ()	Business Phone Number: ()	Date of Birth (YYYY/MM/DD):	
Patient Currently: <input type="checkbox"/> Home <input type="checkbox"/> Hospital Name of Hospital:		Call Appointment to: <input type="checkbox"/> Patient <input type="checkbox"/> Physician <input type="checkbox"/> Hospital	

NOTE: this patient remains under the care of the referring physician until seen by an oncologist at LRCP

Referring Physician Name:		Billing Number:	Phone Number: () Fax Number: ()
Requested Services: <input type="checkbox"/> Med Onc <input type="checkbox"/> Rad Onc <input type="checkbox"/> Palliative Care		Primary Site: <input type="checkbox"/> Breast <input type="checkbox"/> Lung <input type="checkbox"/> CNS <input type="checkbox"/> Skin <input type="checkbox"/> Endocrine <input type="checkbox"/> Head & Neck <input type="checkbox"/> G.I. <input type="checkbox"/> Gyne <input type="checkbox"/> Sarcoma <input type="checkbox"/> G.U. <input type="checkbox"/> Lymphoma <input type="checkbox"/> Myeloma <input type="checkbox"/> Leukemia	
Patient Informed of Diagnosis: <input type="checkbox"/> Yes <input type="checkbox"/> No We will not contact patient with appointment(s) unless <input type="checkbox"/> is checked "Patient not informed unless this is checked"			

Previous Cancer Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	Chemotherapy: Radiation Therapy:	Other:
---	-------------------------------------	--------

History:

Date: _____ **Referring Physician Signature:** _____

LRCP FOLLOW-UP (For LRCP Office Use Only)

Clinic Appointment:	Doctor/Service Requested:		
Given to: <input type="checkbox"/> Patient <input type="checkbox"/> Physician <input type="checkbox"/> Hospital	<input type="checkbox"/> Secretary <input type="checkbox"/> Other (state)	Reviewed By: _____ Physician Date Time	
Appointment Cancelled by:	Reason:		
Rebooked Appointment:			
Information Taken By:	Booked:		

Report Requirements: please attach to referral according to patient diagnosis

<ul style="list-style-type: none"> ·Operating notes ·Pathology ·Biopsy and definitive surgery reports ·Estrogen/progesterone receptor results ·Imaging 	<ul style="list-style-type: none"> ·Skeletal Survey ·Bone Scan 	<ul style="list-style-type: none"> ·CT ·Bone marrow biopsy 	<ul style="list-style-type: none"> ·CT ·MRI ·Pathology
			-
	<ul style="list-style-type: none"> ·Pathology ·Operating Notes ·CT and/or abdominal ultrasound ·CEA, CA 19-9 		<ul style="list-style-type: none"> ·Pathology ·Operating Notes ·TRUS ·CT abdomen/pelvis, bone scan ·Prostate: last 3 PSA's Gleason>7 ·Testicular: AFP & BHCG
<ul style="list-style-type: none"> ·Invasive, locally advanced or inflammatory cancer ·Bone Scan, abdominal/pelvis ultrasound, CT & chest x-ray 			
	<ul style="list-style-type: none"> ·CA125 results ·Operating notes 	<ul style="list-style-type: none"> ·Ultrasound ·Pathology 	<ul style="list-style-type: none"> ·Operating notes ·Pathology
			<ul style="list-style-type: none"> ·CT head & neck & chest ·Biopsy
<ul style="list-style-type: none"> ·Pathology: if positive tissue diagnosis not established - refer to thoracic surgeon ·Operating notes ·CT chest head 	<ul style="list-style-type: none"> ·Pathology ·Operating notes ·Octreotide scan 		<ul style="list-style-type: none"> ·CT chest scan
	<ul style="list-style-type: none"> ·Pathology ·Operative notes 	<ul style="list-style-type: none"> ·Skeletal survey ·Bone scan ·CT 	<ul style="list-style-type: none"> ·Bone marrow biopsy ·Blood work
Recent consult notes indicating reason for referral	<ul style="list-style-type: none"> ·Pathology 	<ul style="list-style-type: none"> ·MRI, CT 	<ul style="list-style-type: none"> ·Operating notes
	<ul style="list-style-type: none"> ·Pathology ·Operating notes 	<ul style="list-style-type: none"> ·Octreotide scan ·CT chest 	<ul style="list-style-type: none"> ·Pathology ·Biopsy