



Cancer Care Program New Patient Referral

Phone: 709-777-8214

HCN: _____
 Province/Territory: _____ Expiry: _____
 Name: _____
 Date of Birth: _____ Sex: ☐ M ☐ F ☐ UN
 Mailing Address: _____
 City: _____
 Province/Territory: _____ Postal Code: _____
 Telephone: (Indicate Preferred) ☐ Home _____
☐ Cell _____ ☐ Work _____

Ordering Provider's Name: _____ Clinic Name: _____ Mailing Address: _____ City: _____ Province/Territory: _____ Postal Code: _____ Phone: _____ Fax: _____ Signature: _____ Date: _____	Clinic Stamp: (include fax, provider and mnemonics) <div style="border: 1px solid black; height: 60px; margin: 5px 0;"></div> Ordering Provider's Meditech Mnemonic: _____ EMR Clinic Mnemonic: _____ COPY TO PROVIDER _____
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Referring to: ☐ Medical Oncology ☐ Radiation Oncology ☐ Gynecologic Oncology ☐ Unknown

Patient Location: ☐ Inpatient ☐ Outpatient

Alternate Contact Name: _____ Relationship: _____ Phone: _____

Are Interpretation Services Required? ☐ Yes ☐ No Preferred Language: _____

REASON FOR REFERRAL

☐ Newly Diagnosed ☐ Recurrent/Progressive Disease ☐ Second Opinion ☐ Returning From Out of Province

Note: The Cancer Centre will only contact patients that are aware of their diagnosis. Is the patient aware of diagnosis? ☐ Yes ☐ No

MANDATORY REQUIREMENTS FOR REFERRAL PROCESSING

REQUIRED FOR ALL DISEASE SITES (must be available in Electronic Record or included with referral)

☐ Bloodwork: Cancer Clinic Profile (CCP)* ☐ Consults ☐ Pathology ☐ Operative Reports
☐ Discharge Summary ☐ History & Physical ☐ Diagnostic Imaging**

*CCP includes CBC, Lytes, CR, total Bili, AST, ALT, ALP, Ca, GLU, MG, Albumin

REFER TO SECOND PAGE FOR SITE SPECIFIC CRITERIA. **INCOMPLETE REFERRALS WILL BE RETURNED.

PRIMARY CANCER DIAGNOSIS

<input type="checkbox"/> BLADDER/KIDNEY	<input type="checkbox"/> COLORECTAL	<input type="checkbox"/> LUNG	<input type="checkbox"/> SARCOMA
<input type="checkbox"/> BRAIN	<input type="checkbox"/> ENDOMETRIAL	<input type="checkbox"/> NEUROENDOCRINE	<input type="checkbox"/> SKIN <input type="checkbox"/> VULVAR
<input type="checkbox"/> BREAST	<input type="checkbox"/> GASTRIC HEPATOBILIARY	<input type="checkbox"/> OVARIAN	<input type="checkbox"/> TESTICULAR
<input type="checkbox"/> CERVIX	<input type="checkbox"/> HEAD AND NECK	<input type="checkbox"/> PROSTATE	<input type="checkbox"/> THYROID
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> OTHER: _____		

ADDITIONAL COMMENTS

Fax completed forms to:

Medical/Radiation Oncology: (709) 777-8215

Gynecologic Oncology: (709) 777-8533

For Emergency Cases call (709) 777-6300 and page the appropriate oncologist

INCOMPLETE FORMS WILL RESULT IN DELAYS.

THIS PATIENT REMAINS UNDER THE CARE OF THE REFERRING PHYSICIAN UNTIL SEEN AT THE CANCER CENTER



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<p align="center">BREAST</p> <p>Reports: Breast Imaging Reports: Bilateral Mammogram, Ultrasound, Magnetic Resonance Imaging (MRI), Chest X-ray Estrogen Receptor (ER)/Progesterone Receptor (ER) / Human Epidermal Growth Factor Receptor 2 (HER2) status (must be requested)</p> <p>Node Positive – as above plus: Computed Tomography (CT) (chest, abdomen), Bone scan</p>	<p align="center">HEAD AND NECK</p> <p>Reports: CT (head, neck), Chest X-ray, Tri-endoscopy</p> <hr/> <p align="center">BRAIN</p> <p>Reports: MRI – pre and post-op CT (brain)</p>
<p align="center">COLORECTAL</p> <p>Reports: Colonoscopy/Sigmoidoscopy CT (chest, abdomen, pelvis)</p> <p>Bloodwork: Carcinoembryonic antigen (CEA)(pre & post-op)</p> <p>Neoadjuvant Chemoradiotherapy - as above plus: MRI of pelvis</p>	<p align="center">LUNG</p> <p>Reports: Chest X-Ray, CT (chest, abdomen, pelvis) Mediastinoscopy report CT brain Bone Scan Pulmonary Function Tests</p>
<p align="center">PROSTATE</p> <p>Reports: Transrectal Ultrasound (TRUS) with prostate volume</p> <p>Bloodwork: Testosterone & Prostate-Specific Antigen (PSA) (last 2 years)</p> <p>High Risk Patient - as above plus: Bone Scan, CT (chest, abdomen, pelvis)</p>	<p align="center">BLADDER/KIDNEY</p> <p>Reports: CT (chest, abdomen, pelvis) Urinalysis, Urine Culture and Sensitivity (C&S) Cystoscopy reports</p>
<p align="center">GASTRIC HEPATOBILARY</p> <p>Reports: Gastroscopy CT (Chest, abdomen, pelvis)</p> <p>Bloodwork: Carbohydrate antigen (CA) 19-9 for Pancreatic and Biliary Alpha Fetoprotein (AFP) for liver</p>	<p align="center">TESTICULAR</p> <p>Reports: CT (chest, abdomen, pelvis) Lactate dehydrogenase (LDH) Ultrasound (US) of Scrotum</p> <p>Bloodwork: AFP Beta Human Chorionic Gonadotropin (BHCG)</p>
<p align="center">NEUROENDOCRINE TUMOUR</p> <p>Reports: 24 hour urine (5-HIAA) CT (Chest, abdomen, pelvis) within past 3 months Octreotide Scan</p> <p>Bloodwork: Chromogranin A</p>	<p align="center">THYROID</p> <p>Reports: Iodine Scan US of Thyroid</p> <p>Bloodwork: Thyroid-stimulating hormone (TSH) Triiodothyronine (T3) Thyroxine (T4)</p>
<p align="center">ENDOMETRIAL</p> <p>Reports: CT (chest, abdomen, pelvis)</p> <p>Bloodwork: Cancer antigen (CA) 125</p> <p>If Fertility Sparing Surgery (FSS) or not surgical candidate: Pelvic MRI</p>	<p align="center">OVARIAN MASS</p> <p>Reports: CT (chest, abdomen, pelvis) Carcinoembryonic antigen (CEA) Carbohydrate antigen 19-9 (CA19-9)</p> <p>Bloodwork: Thyroid-stimulating hormone (TSH) Triiodothyronine (T3) Thyroxine (T4)</p> <p>If fertility perseverance: Pelvic MRI</p>
<p align="center">VULVAR</p> <p>Reports: CT (chest, abdomen, pelvis, including inguinal lymph nodes)</p>	<p align="center">CERVIX</p> <p>Reports: Early Stage - Pelvic MRI Advanced Stage - Positron Emission Tomography (PET) scan</p>

THIS PATIENT REMAINS UNDER THE CARE OF THE REFERRING PHYSICIAN UNTIL SEEN AT THE CANCER CENTER