



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 and other specific investigations**

*CCP includes CBC, Lytes, CR, total Bili, AST, ALT, ALP, Ca, Glucose (non-fasting), 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"/> HEAD AND NECK	<input type="checkbox"/> PROSTATE	<input type="checkbox"/> THYROID
<input type="checkbox"/> BRAIN	<input type="checkbox"/> ENDOMETRIAL	<input type="checkbox"/> LUNG	<input type="checkbox"/> SARCOMA	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> BREAST	<input type="checkbox"/> ESOPHAGUS	<input type="checkbox"/> NEUROENDOCRINE	<input type="checkbox"/> SKIN	<input type="checkbox"/> VULVAR
<input type="checkbox"/> CERVIX	<input type="checkbox"/> GASTRIC HEPATOBIILIARY	<input type="checkbox"/> OVARIAN	<input type="checkbox"/> TESTICULAR	
<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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PROVINCIAL CANCER CARE PROGRAM NEW PATIENT REFERRAL FORM

BRAIN Reports: MRI – pre and post-op CT (brain)	BREAST Reports: Breast Imaging Reports: Bilateral Mammogram, Ultrasound ER (estrogen receptor) / PR (progesterone receptor) / HER2 status Node Positive, T3, or T4 – as above plus: CT (chest, abdomen), Bone scan	HEAD AND NECK Reports: CT (neck, chest) Tri-endoscopy
LUNG Reports: CT (chest, abdomen) Pulmonary Function Tests	NEUROENDOCRINE TUMOUR Reports: Ga-Dotatate PET-CT Bloodwork: 24 hour urine 5-HIAA Chromogranin A	THYROID Referrals for Thyroid Cancer are only accepted from ENT or Endocrinology. Refer to these specialists for further care.
GASTROINTESTINAL (GI)		
ANAL CANAL Reports: Suspected T1, node negative - CT (chest, abdomen, pelvis) T2 - 4 or node positive - CT (chest, abdomen) OR PET-CT (preferred) and MRI Pelvis	COLORECTAL Reports: Colonoscopy/Sigmoidoscopy CT (chest, abdomen, pelvis) Neoadjuvant treatment of rectal cancer – as above plus: MRI of pelvis Bloodwork: CEA (pre & post-op)	
ESOPHAGUS Reports: Upper GI Endoscopy (OGD) CT (chest, abdomen, pelvis) or PET-CT	GASTRIC & HEPATOBILARY Reports: Gastroscopy, ERCP CT (chest, abdomen, pelvis) Bloodwork: CA 19-9 for Pancreatic and Biliary AFP for liver	
GENITOURINARY (GU)		
BLADDER/KIDNEY CT (chest, abdomen, pelvis) Urinalysis, Urine C&S, Cystoscopy reports	PROSTATE Reports: TRUS with prostate volume Bloodwork: Testosterone & PSA (last 2 years) High Risk or Metastatic Patient – as above plus: Bone Scan, CT (chest, abdomen, pelvis)	TESTICULAR Reports: CT (chest, abdomen, pelvis) US of Scrotum Bloodwork: Beta-hCG, AFP, LDH
GYNECOLOGIC		
CERVIX Reports: Early Stage - Pelvic MRI Advanced Stage - PET scan and MRI pelvis	ENDOMETRIAL Reports: CT (chest, abdomen, pelvis) If Fertility Sparing Surgery (FSS) or not surgical candidate: Pelvic MRI Bloodwork: CA 125	
OVARIAN MASS Reports: CT (chest, abdomen, pelvis) If fertility preservation: Pelvic MRI Bloodwork: CA 125, CEA, CA19-9	VULVAR Reports: CT (chest, abdomen, pelvis, including inguinal lymph nodes) or PET-CT	

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