

NL Health Services Date of Birth: ______ Sex: _ M _ F _ UN Mailing Address: ______ City: _____ Cancer Care Program New Patient Referral Province/Territory: _____ Postal Code: _____ Telephone: 709-777-8214 | Ordering Provider's Name: ______ Clinic Name: ______ Mailing Address: ______ City: ______

HCN:

Ordering Provider's Meditech Mnemonic:

COPY TO PROVIDER _____

EMR Clinic Mnemonic:

Name:

Province/Territory: Expiry:

Patient Location: O Inpa Alternate Contact Name:	•	nt Doe	s the patie	nt require a Patient Relationship:	•	I? O Yes O No Phone:
Are Interpretation Service	es Required?	Yes C	No	Preferred Language:		
REASON FOR REFER	RRAL					
O Newly Diagnosed	O Recurrent/Prog			O Second Opinion		ng From Out of Province
Note: The Cancer Centr	Note: The Cancer Centre will only contact patients that are aware of their diagnosis. Is the patient aware of diagnosis? O Yes O No					
MANDATORY REQUIREMENTS FOR REFERRAL PROCESSING						
REQUIRED FOR ALL DISEASE SITES (must be available in Electronic Record or included with referral)						
☐ Bloodwork: Cancer Cl	inic Profile (CCP)*	□ Consults		□ Pathology	□ Operat	ive Reports
☐ Discharge Summary		☐ History & P	hysical	☐ Diagnostic Im	aging and other s	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 D	IAGNOSIS					
□ BLADDER/KIDNEY	□ COLORECTAL	-	□ HEAD	AND NECK	□ PROSTATE	□ THYROID
□ BRAIN	□ ENDOMETRIA	L	□ LUNG		□ SARCOMA	□ UNKNOWN
□ BREAST	□ ESOPHAGUS		□ NEUR	OENDOCRINE	□ SKIN	□ VULVAR
□ CERVIX	☐ GASTRIC HEF	PATOBILIARY	□ OVAR	IAN	☐ TESTICULA	R
□ 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

Province/Territory: _____ Postal Code: ____

Date:

Referring to: □ Medical Oncology □ Radiation Oncology □ Gynecologic Oncology □ Unknown

Telephone: Fax:

Signature:

INCOMPLETE FORMS WILL RESULT IN DELAYS.

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

Reset Form

Print Form

R0015NOV24





Cancer	Care	Program	New	Patient	Referral
Caricei	Jai 6	i iogiaiii	14644	i aticiit	Neierra

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:			

Telephone: 709-777-8214		Cell:	Work:		
PF	ROVINCIAL CANCER CARE PROGE	RAM NEW PATIENT REFERRALF	ORM		
BRAIN Reports: MRI – pre and post-op CT (brain)	Reports: Breast Imaging Reports: Bilateral Mammogram, Ultrasound ER (estrogen receptor) / PR (proges		HEAD AND NECK Reports: CT (neck, chest) Tri-endoscopy		
	Node Positive, T3, or T4 – as above Bone scan				
LUNG Reports: CT (chest, abdomen) Pulmonary Function Tests	NEUROENDOC Reports: Ga-Dotatate PET-CT Bloodwork: 24 hour urine 5-HIAA Chromogranin A	RINE TUMOUR	THYROID Referrals for Thyroid Cancer are only accepted from ENT or Endocrinology. Refer to these specialists for further care.		
	GASTR	OINTESTINAL (GI)	1		
Reports: Suspected T1, node negat	ANAL CANAL tive - CT (chest, abdomen, pelvis) T (chest, abdomen) OR PET-CT	COLORECTAL Reports: Bloodwork: Colonoscopy/Sigmoidoscopy CEA (pre & postop) CT (chest, abdomen, pelvis) Neoadjuvant treatment of rectal cancer – as above plus: MRI of pelvis			
	ESOPHAGUS	GASTRIC & HEPATOBILARY			
Reports: Upper GI Endoscopy (OGD) CT (chest, abdomen, pelvis)		Reports: Gastroscopy, ERCP CT (chest, abdomen, pelvis)	Bloodwork: CA19-9 for Pancreatic and Biliary AFP for liver		
	GENITO	OURINARY (GU)	7 II TOT IIVCI		
BLADDER/KIDNEY CT (chest, abdomen, pelvis) Urinalysis, Urine C&S, Cystoscopy reports	Reports: TRUS with prostate volume Bloodwork: Testosterone & PSA (last 2 year)	PROSTATE ars) ent – as above plus: Bone Scan, C	TESTICULAR Reports: CT (chest, abdomen, pelvis) US of Scrotum Bloodwork: Beta-hCG, AFP, LDH		
	GYN	ECOLOGIC			
Reports: Early Stage - Pelvic MRI Advanced Stage - PET scan	n and MRI pelvis	Reports: CT (chest, abdomen, pelvis)	CT (chest, abdomen, pelvis) CA 125 If Fertility Sparing Surgery (FSS) or not surgical candidate:		
Reports: CT (chest, abdomen, pelvis) If fertility preservation: Pel		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

Reset Form

Print Form

R0015NOV24