



NL Health Services



Cancer Care Program New Patient Referral

Telephone: 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:
Telephone: Fax:
Signature: Date:
Clinic Stamp: (include fax, provider and mnemonics)
Ordering Provider's Meditech Mnemonic:
EMR Clinic Mnemonic:
COPY TO PROVIDER

Referring to: Medical Oncology Radiation Oncology Gynecologic Oncology Unknown
Patient Location: Inpatient Outpatient
Does the patient require a Patient Navigator referral? Yes No
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
BLADDER/KIDNEY COLORECTAL HEAD AND NECK PROSTATE THYROID
BRAIN ENDOMETRIAL LUNG SARCOMA UNKNOWN
BREAST ESOPHAGUS NEUROENDOCRINE SKIN VULVAR
CERVIX GASTRIC HEPATOBILIARY OVARIAN TESTICULAR
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

Reset Form

Print Form

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PROVINCIAL CANCER CARE PROGRAM NEW PATIENT REFERRAL FORM
BRAIN, BREAST, HEAD AND NECK, LUNG, NEUROENDOCRINE TUMOUR, THYROID, GASTROINTESTINAL (GI), ANAL CANAL, COLORECTAL, ESOPHAGUS, GASTRIC & HEPATOBILARY, GENITOURINARY (GU), BLADDER/KIDNEY, PROSTATE, TESTICULAR, GYNECOLOGIC, CERVIX, ENDOMETRIAL, OVARIAN MASS, VULVAR

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

Reset Form

Print Form

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