



Windsor Regional Cancer Program 1995 Lens Avenue Windsor ON N8W 1L9

## **NEW PATIENT REFERRAL**

Fax: 519-253-5364

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

**MANDATORY** REFERRAL INFORMATION	**MANDATORY** REFERRAL INFORMATION				
☐ Patient has been informed of diagnosis					
We will not contact patient with appointment(s) unless □ is checked					
, , ,	Reason for Consultation:				
	New Diagnosis:				
(2 weeks) (72 hours) (24 hours)	☐ Recurrent/progressive disease ☐ Second opinion ☐ Benig				
Family Physician:	Fax: Phone:				
**MANDATORY** CLINICAL INFORMATION					
Previous Cancer Treatment?	Has the patient been discussed at a multidisciplinary				
☐ Chemotherapy Date:	cancer conference (MCC)?				
☐ Radiation Date:	☐ Yes - Date: ☐ No ☐ Unknown				
☐ Surgery Date:	Current Patient Location:				
Further surgery planned? ☐ Yes ☐ No					
Final pathology available? ☐ Yes Date:	☐ Home ☐ In-patient Facility:				
□ No	<i>If known</i> , Stage: □ Mets □ No Mets				
Other Consults Pending:  Tests Ordered/Anticipated:					
**MANDATORY** PATIENT INFORMATION/DEN	IOGRAPHICS (please print)				
Surname:	Given Name(s):				
Date of Birth: Sex: □ M □	F OHIP # (including VC) or non-OHIN information:				
Address:	Home: Cell:				
	Work: Email:				
Alternate Contact Person:	Email:				
Alternate Contact Person:	Email:				
	Email:  Preferred Language: □ English □ French				
Relationship: Phone:  **MANDATORY** Please attach consult and documents. Please DO NOT combine reports.  Registration without confirmed patho	Email:  Preferred Language: □ English □ French  Other:				
Relationship: Phone:  **MANDATORY** Please attach consult and documents. Please DO NOT combine reports.  Registration without confirmed pathor To speak with an Oncol	Email: Preferred Language: □ English □ French Other: □ Translator Needed: □ Translat				
Relationship: Phone:  **MANDATORY** Please attach consult and documents. Please DO NOT combine reports.  Registration without confirmed patho	Email:  Preferred Language: □ English □ French Other: □Translator Needed: □Translator				

NOTE: This patient remains under the care of the referring physician until seen by an oncologist.



## **NEW PATIENT REFERRAL - GUIDELINES**

**MANDATORY**: The patient MUST be informed of their diagnosis <u>prior</u> to their referral. Cancer Centre Clerical Staff contact new patients by telephone a few days after the referral is made to provide further information about their first appointment. If the patient is unaware of their diagnosis, this will cause undue stress.

## **REPORT REQUIREMENTS:**

Please provide the following with your referral along with any other pertinent reports/results.

\* Referrals without these mandatory reports may lead to significant delays in patient care.

Disease SITE	Required Reports	Disease SITE	Required Reports	
Breast Fire B	<ul> <li>Pathology*</li> <li>Operating notes*</li> <li>Biopsy and definitive surgery reports*</li> <li>Estrogen/progesterone receptor results*</li> <li>Imaging*</li> </ul>	Hematology	<ul><li>Last 3 labs*</li><li>All pertinent investigations*</li><li>Bone Marrow Biopsy (if done)</li></ul>	
		Head & Neck	Pathology* CT Head & Neck*	• OR Notes*
	For Invasive, locally advanced or inflammatory cancer: Bone scan, abdominal/pelvis ultrasound, CT and chest x-ray	Lung	<ul><li>Pathology*</li><li>OR Notes*</li><li>CT chest/abdomen*</li></ul>	• PFT • PET • CT head*
CNS	• CT*     • MRI*     • Pathology*	Lymphoma	<ul><li>Pathology*</li><li>OR Notes*</li><li>CT Abdomen/Chest/Pelvis*</li></ul>	
Gastrointestinal	<ul><li>Pathology*</li><li>OR Notes*</li><li>Blood work*</li><li>CEA 19-9</li></ul>	Melanoma	Pathology*	• OR Notes*
	• Esophagus – PET • Rectal - MRI • GE Junction – MRI • CT and/or Abdominal U/S*	Myeloma	<ul><li>Skeletal Survey</li><li>Bone Scan</li><li>Bone Marrow Biopsy</li></ul>	• CT • Blood work
Genitourinary	<ul> <li>Pathology*</li> <li>OR Notes*</li> <li>Bone Scan*</li> <li>CT Abdomen/Pelvis*</li> <li>Prostate – last 3 PSAs, Gleason&gt;7</li> <li>Testicular – AFP &amp; BHCG</li> </ul>	Neuroendocrine	Pathology*  K167  Octreotide scan	• OR Notes * • Mytotic count • CT
Gynecology	<ul> <li>Pathology*</li> <li>CA125</li> <li>OR Notes*</li> <li>Blood work</li> <li>U/S</li> </ul>	Sarcoma	<ul><li>Pathology*</li><li>OR Notes*</li></ul>	• MRI • CT