

NEW PATIENT REFERRAL REQUIREMENTS

It is expected that the patient has been informed of their diagnosis of cancer prior to their referral. WRCC clerical staff contacts new patients by telephone a few days after the referral is made to provide further information about their first appointment. This may cause undue stress for newly diagnosed patients if they are unaware of their diagnosis.

Definitions: Referral Types

Standard Referral:	Seen within 2 weeks of referral	Patients requiring consultation with a Medical or Radiation Oncologist for consideration of treatment options
Urgent Referral:	Seen within 72 hours from time of referral	Please call to discuss with the WRCC attending physician. Patients who require immediate chemotherapy or radiation therapy to avoid potential oncological emergencies
Emergency Referral:	Seen within 24 hours	Please call to discuss with the WRCC attending physician. Patients requiring immediate chemotherapy or radiation therapy for a life threatening oncological emergency

Report Requirements: please attach to referral according to patient diagnosis

Breast	Bone Marrow Transplant				CNS			
Operating notes	 Skeletal survey 		• CT			• CT		
Pathology	Bone scan		Bone marrow biops		sy	• MRI		
Biopsy and definitive surgery			 Pathology 			logy		
reports	Gastrointestinal			Genito-Urinary				
Estrogen/progesterone	Pathology O		• CEA, CA 19-9		Pathology			
receptor results	 Operating notes 		Esophagus: PET		Operating notes			
Imaging	CT and/or abdominal		• GE Junction: MRI		• TRUS			
Additional Tests For:	ultraso	ultrasound •		Rectal: MRI •		CT abdomen/pelvis, bone scan		
Invasive, locally advanced or	Blood work			• Prostate: last 3 PSAs, Gleason >7				
inflammatory cancer				Testicular: AFP & BHCG				
Bone scan, abdominal/pelvis								
ultrasound, CT and chest X-ray								
Gynecology		Haematology		Head and Neck				
• Last pap test • Ultrasou	nd	• Last 3 labs		• Operating notes • CT head and neck				
• Operating notes • Blood w	ork			PathologyBiopsy				
• Pathology • CA125 re	esults							
Lung		Lymphedema/Hot Flash		Lymphoma				
 Pathology: if positive tissue diag 	gnosis not	• Clinic notes		Pathology				
established - refer to thoracic s	urgeon	• If new – all records		Operating notes				
 Operating notes 		related to cancer		CT chest/abdomen/pelvis				
CT chest, head								
Pulmonary function								
Melanoma M	Melanoma Myeloma		Ne		roendocrine			
Pathology	Skeletal survey • Bone marrow		• Patho	Pathology • Mytotic count				
Operative notes	Bone scan biopsy			• Oper	perating notes		 Octreotide scan 	
•	СТ	 Blood 	work	• KI67			• CT	
Palliative & Pain	Sarcoma		Skin					
Recent consult note indicating rea	• Pathology • Pat		• Patho	nology				
referral		 Operating notes 		• Biopsy				
		• MRI, CT						