UHN Princess Margaret Cancer Centre

DEPARTMENT OF MEDICAL ONCOLOGY & HEMATOLOGY
SARCOMA REFERRAL FORM
FOR URGENT REFERRALS CONTACT PHYSICIAN DIRECTLY
610 University Avenue, Toronto, Ontario M5G 2M9
Phone: 416 946 4575 Fax: 416 946 2900

Date Sent: _____

PATIENT INFORMATION

Last Name:	First Name:	Date of Birth (dd/mm/yyyy):	Gender
Health Card #:	Version: / Patient Location Details (Home/Inpatient):	Previous UHN Patient: Y / N MRN, if Known:	
Street Address:			
City:	Province:	Postal Code:	
Phone (Home):	Phone (Cell):	Phone (Work):	
Alternate Contact Name:	Relationship:	Phone (Home/Cell):	
Referring Physician Name:	Referring Physician Billing Number:	Referring Physician Phone:	Referring Physician Fax:
Referring Physician Email:	Family Physician Name:	Family Physician Phone:	Family Physician Fax:

CLINICAL INFORMATION REQUIRED (Please include as much information as possible and FAX COPIES OF ALL CONSULTATION/CLINCAL NOTES & REPORTS)

Reason for Consultation:
- Newly diagnosed
- Second opinion
- Recurrent/progressive disease
- Transfer of patient
- Clinical Trials
- Other:

_____

Diagnosis:

_____

Patient Informed of Diagnosis?
Yes No

Diagnostic Imaging (inc. date taken):
- Blood work: _____
- Biopsy/surgery: _____
- X-ray: _____
- MRI/ultrasound/CT: _____
- Other:

_____

Other Services Requested:
- Radiation Oncology
- Surgical Oncology

A separate referral form must be sent for each additional service requested.

Interpreter Services Requested?
- No
- Yes: please specify patient's primary language:

_____

Tumour Markers (if available):

CHECKLIST FOR A COMPLETE REFERRAL

Referral letter/Consult note Pathology reports Surgical procedure notes Diagnostic imaging reports
Clinical notes **Diagnostic imaging films & list of all medications given to patient to bring to appointment**

NOTE: THIS PATIENT REMAINS UNDER THE CARE OF THE REFERRING PHYSICIAN UNTIL SEEN BY AN ONCOLOGIST AT PRINCESS MARGARET.

OFFICE USE ONLY:

Date Received:	Appointment Date & Time:	Interpreter Booked? Y / N	Clinic:
Physician Signature:	Date:	Comments:	