UHN Princess Margaret Cancer Centre

DEPARTMENT OF RADIATION ONCOLOGY
SARCOMA SITE GROUP 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
- Referral has been made to Clinical Trials
- Other:

_____

Diagnosis:

_____

Patient Informed of Diagnosis?
Yes No

Diagnostic Imaging:
X-ray CT
MRI Ultrasound
Nuclear medicine scan
Other:

_____

Patient Has Also Been Referred To:
- Medical Oncology
- Surgical Oncology

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

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

_____

Specific Radiation Oncologist Requested?
- No
- Yes: please specify:

_____

REFERRING PHYSICIAN 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: