TORONTO SARCOMA

ABDOMINAL SARCOMA PATIENT REFERRAL FORM

PLEASE FAX INFORMATION TO 416-586-8392

Date Sent: _____

SELECT SURGEON:

☐ Dr. Carol Swallow	Phone: 416-586-4800 x 1558	Fax: 416-586-8392
☐ Dr. Rebecca Gladdy	Phone: 416-586-4800 x 3812	Fax: 416-586-8392
☐ Dr. Savtaj Brar	Phone: 416-586-4800 x 1982	Fax: 416-586-8392

PATIENT INFORMATION

Last Name:	First Name:	Date of birth (dd/mm/yyyy):	Gender:

Health Card #:	Version:	Current Patient Location Details (home/inpatient):	Previous UHN or MSH Patient: ☐ Yes ☐ No ☐ Unknown	UHN or MSH MRN, if known:

Street Address:		
City:	Province:	Postal Code:
Phone (Home):	Phone (Cell):	Phone (Work):
Alternative 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/CLINICAL NOTES AND REPORTS and ask patients to bring imaging CDs with them*)**

Reason for Consultation:

☐ Newly diagnosed
☐ Second opinion
☐ Recurrent/progressive disease
☐ For workup
☐ Undiagnosed abdominal mass

☐ Other: _____

Diagnosis:

_____

Patient Informed of Diagnosis?
☐ Yes ☐ No

Interpreter Services Requested?
☐ Yes ☐ No

Please specify patient's primary language/ services requested:

_____

Diagnostic Imaging/Reports
☐ X-ray ☐ CT
☐ MRI ☐ Pathology
☐ Ultrasound ☐ OR notes
☐ Other: _____

Patient has Also been Referred to:
☐ Medical Oncology
☐ Radiation Oncology
☐ Orthopedic Oncology
A separate referral form must be sent for each additional service requested

REFERRING PHYSICIAN CHECKLIST FOR A COMPLETE REFERRAL:

☐ Referral letter/Consultation Note ☐ Pathology Reports ☐ Surgical procedure Notes ☐ Diagnostic imaging reports

☐ Clinical notes ☐ **Diagnostic imaging films and 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 A TORONTO SARCOMA ONCOLOGIST