



Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YY

Patient's Surname		Given Name		Is the patient currently in hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please speak directly with the oncologist on call (905-576-8711 X3200).</b>	
Street (Apt)		City	Postal Code	Birth Date _____ <input type="checkbox"/> M <input type="checkbox"/> F DD MM YY	
Home ( )	Work ( )	Cell ( )		Health Card # (include VC) Health Card Expiry	
Referring Physician (Last name, First) <b>(MANDATORY)</b>	Referring Physician Billing Number <b>(MANDATORY)</b>	( ) Phone #: <b>(MANDATORY)</b>	Patient's Next of Kin Name:		
Family Physician Name	Family Physician Billing Number	( ) Phone #	Phone #		

**Urgency for Assessment:**

- Routine (Oncology patients will receive an appointment within 14 days)
- Urgent (Within 7 days). Please provide reason for expedited request: \_\_\_\_\_ Triage physician will review and consider.
- Emergent – **Must speak directly with oncologist on call ( 905-576-8711 X3200) or direct patient to the Emergency Dept.**

**REQUESTED SERVICE :**

- Medical Oncology
- Radiation Oncology
- Hematology
- Gyne-Surgical Oncology

For palliative care referrals, please use the palliative care referral form found on our website.

**Is patient aware of referral? (mandatory)**

- Yes  No
- If no, please advise patient *before* referring.

**PRIMARY SITE:**

- Breast\*\*
- Gastrointestinal (G.I)\*\*
- Genitourinary (G.U)\*\*
- Malignant Hematology
- Benign Hematology (routine booking times vary across sites).
- Gynecology
- Lung \*\*
- Melanoma
- Skin (non-melanoma)
- Unknown Primary
- Other: \_\_\_\_\_

\*\*For patients without a confirmed diagnosis, you may wish to consider referral to a Assessment Program (DAP) in your area. Please see DAP referral form on our

**PLEASE NOTE: WE DO NOT TREAT SARCOMA, OR PRIMARY CNS CANCERS**

**REASON FOR REFERRAL & DIAGNOSIS:**

**PLEASE ATTACH ALL PERTINENT DOCUMENTS** (*Disease site specific referral guidelines are available on our website*)

- Consult notes
- Diagnostic Imaging reports
- Labs
- Pathology reports (Tissue diagnosis is preferred but is not mandatory. Referrals of patients without pathology but with suspicious imaging will be reviewed). If a pathology report is not available, please provide details:

**ARE ANY RESULTS STILL PENDING**  Yes  No

If yes, please provide details on specific results pending, including dates and locations: \_\_\_\_\_

**Note: This patient remains under the care of the referring physician until seen by an oncologist within the Central East Regional Cancer Program.**

\_\_\_\_\_  
**Signature of Referring Physician (MANDATORY)**

**PLEASE SEE PAGE 2 FOR GENERAL INFORMATION**

**GENERAL INFORMATION**

- **It is expected that the patient has been informed of their diagnosis of cancer prior to their referral.**
- Our routine practice is to schedule your patient to see the next available oncologist with appropriate expertise within 14 days of the referral.
- If a specific physician or location is indicated on the referral, we will attempt to make these arrangements. However, it may be necessary to book with the next available oncologist.
- **Our team contacts new patients directly to inform them of their appointment details.**
- You will receive a fax when the appointment has been confirmed with the patient.
- **Referral guidelines are available** on our website or can be provided by contacting the referral office.
- Referrals are processed centrally through the R.S. McLaughlin Durham Regional Cancer Centre, but our oncology team provides care at the following locations:

Location	Services Provided		
	Clinic Visits	Systemic Treatment	Radiation Treatment
<b>R.S. McLaughlin Durham Regional Cancer Centre</b> , Lakeridge Health, 1 Hospital Court, Oshawa, ON, L1G 2B9	X	X	X
<b>Peterborough Regional Cancer Clinic</b> , 1 Hospital Drive, Peterborough, ON, K9J 7C6	X	X	X
<b>Northumberland Hills Hospital</b> , 1000 Depalma Dr., Cobourg, ON K9A 5W6	X	X	
<b>Scarborough Rouge Valley, Centenary Hospital</b> , 2867 Ellesmere Road, Toronto, ON M1E 4B9	X*		
<b>Lakeridge Health Ajax site*</b> , 580 Harwood Avenue South, Ajax, ON, L1S 2J4	X*		
<b>Ross Memorial Hospital*</b> , 10 Angeline St. N., Lindsay, ON K9V 5B7	X*		

**\*Please note that only radiation oncology clinics operate at these sites.**