PHONE: 905–721–7776
TOLL FREE: (877) 772–5957

CENTRAL EAST REGIONAL CANCER PROGRAM
PATIENT REFERRAL FORM

FAX (905) 721–7777
TOLL FREE FAX: (877) 236–7139

R.S. McLaughlin Durham Regional Cancer Centre

PRHC Peterborough Regional Health Centre

R.S. McLaughlin Durham Regional Cancer Centre (DRCC)	Peterborough Regional Health Centre (PRHC)	Ross Memorial Hospital (RMH)	Northumberland Hills Hospital (NHH)

Preferred Location: ❒ MDRCC ❒ NHH ❒ PRCC

Today's Date: ____/____/____ DD MM YY

Patient Location: Home ❒ Hospital ❒

Is Patient Aware of Diagnosis? ❒ YES ❒ NO **(MANDATORY)**

Patient's Surname | Given Name | We will contact your patient with appointment (s) unless you ✔ the box ❒

Street (Apt) | City | Postal Code | Birth Date ______________ DD MM YY ❒ M ❒ F

Home ( ) | Work ( ) | Health Card # (include VC) | Patient Email Address

Referring Physician Name **(MANDATORY)** | Referring Physician Billing Number **(MANDATORY)** | ( ) Telephone # **(MANDATORY)**

Family Physician Name | Family Physician Billing Number | ( ) Telephone #

Patient's Next of Kin
Name:
Phone #

REFERRAL TYPE
❒ Standard
❒ Urgent
❒ Emergency

REQUESTED SERVICE (S)
❒ Medical Oncology
❒ Radiation Oncology
❒ Surgical/Gyne Oncology
❒ Palliative Care (Fax 905–721–4764)

Specific oncologist?
❒ NO ❒ Yes (specify)

Reason for referral:
❒ Consideration of therapy
❒ Second opinion

PRIMARY SITE
❒ Breast ❒ G.I. ❒ G.U. ❒ Gynaecology ❒ Skin (non–melanoma)
❒ Lung ❒ Lymphoma ❒ Melanoma ❒ Haematology (If yes:) ❒ Unknown Primary
❒ Is patient on anticoagulants/aspirin **(MANDATORY)**
❒ Other (Specify): ________________________________

REASON FOR REFERRAL & DIAGNOSIS:

INVESTIGATIONS BOOKED:

Please send the following, if available:

REPORTS:	Faxed	Meditech	In Process
Referral letter	❒	❒	❒
Pathology Reports	❒	❒	❒
Slides	❒	❒	❒
Operative Report	❒	❒	❒
Blood Work	❒	❒	❒
Previous Cancer Tx records if available	❒	❒	❒
Other	❒	❒	❒

DIAGNOSTIC IMAGING:	Reports Faxed	Films with Patient	*In Process
Chest X–Ray	❒	❒	❒
Ultra Sound	❒	❒	❒
CAT Scan	❒	❒	❒
Mammogram	❒	❒	❒
M.R.I.	❒	❒	❒
Bone Scan	❒	❒	❒
Other: ______________	❒	❒	❒

***Please specify from which location**

Previous cancer treatment:	***Current**	***Previous**
Chemotherapy (specify)	❒	❒
Radiation (specify)	❒	❒
Hormonal Therapy (specify)	❒	❒
Other (specify)	❒	❒

*** Please state location of treatment:**

Note: This patient remains under the care of the referring physician until seen by an oncologist at MDRCC

____
Signature of Referring Physician (MANDATORY)

PLEASE USE THE FOLLOWING GUIDELINES WHEN RESPONDING TO THE QUESTIONS ON THE FRONT OF THE FORM THANK YOU

It is expected that the patient has been informed of their diagnosis of cancer prior to their referral. The referring physician will receive a faxed document with the patient appointment date, time and specialist, as well as any tests that are required for the consult. M.D.R.C.C. 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.

SPECIFIC ONCOLOGIST AND LOCATION:

Our practice is to schedule your patient to see the next available oncologist with appropriate expertise. If you are requesting a specific physician or location, every attempt will be made to place your patient in the next available appointment slot for this physician or location. However, if no appointment times are available within target timelines, you will be contacted to discuss further appointment options.

REFERRAL TYPE DEFINITIONS	**(please use these guidelines to correctly identify the referral type)**
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 M.D.R.C.C. 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 M.D.R.C.C. attending physician Patients requiring immediate chemotherapy or radiation therapy for a life threatening oncological emergency

Services Locations:

R.S McLaughlin Durham Regional Cancer Centre
1 Hospital Court
Oshawa, Ontario
L1G 2B9

Peterborough Regional Cancer Clinic
1 Hospital Drive
Peterborough, Ontario
K9J 7C6

Northumberland Hills Hospital
1000 Depalma Dr.
Cobourg, ON
K9A 5W6