Oakville Trafalgar Memorial Hospital

Patient Demographics

Outpatient Ambulatory Clinics
LUNG DIAGNOSTIC ASSESSMENT PROGRAM (LDAP)

Outpatient clinic for suspected primary lung cancer or metastatic nodules

For suspected or confirmed malignant effusions, please use the MPE Clinic Referral form

PATIENT REFERRAL

Please FAX completed form to: (905) 338-4685

Patient Information (Please fill or affix sticker)

Surname:	Given Name:	Date of Referral (dd/mm/yyyy):	
Address:	Apt/Unit:	City/Town:	Province:
Postal Code:	Home Phone:	Business Phone:	Date of birth (dd/mm/yyyy):
OHIP Number (including VC):	Expiry Date:	Translator Required: ◻ Y ◻ N Language: ______________	Gender: ◻ M ◻ F ◻ Other _________
Primary Contact Name / Number:		Relationship:	

Relevant / Additional Information:

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REPORTS MUST BE ATTACHED:

Suspicion of lung cancer or metastatic nodule due to the results of:

◻ X-ray	Date: (dd/mm/yyyy) ______________________	Hospital: ________________________
◻ CT scan	Date: (dd/mm/yyyy) ______________________	Hospital: ________________________
○ *If CT not completed, state:*	*Date Ordered: (dd/mm/yyyy)* ______________________	*Hospital:* ________________________
◻ MRI Chest	Date: (dd/mm/yyyy) ______________________	Hospital: ________________________

If only a chest X-ray has been completed, please order a CT Chest prior to referral.

Please attach copies of the following:

- ◻ Past Medical History
- ◻ Current Medications
- ◻ Recent Bloodwork (CBC, Cr, INR, PTT)

Notes:

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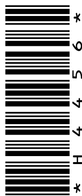
By signing this form, I confirm that the patient is aware of this referral.

Patient must be willing to proceed with the appointments and diagnostic tests required.

Referring Physician: (Please print)	Billing #:
Phone Number:	Fax Number:
Physician Signature: x__________________________	**Date:** (dd/mm/yyyy)

INTERNAL USE ONLY:

Date received: _________________ **Date Patient contacted:** ___________________ **Staff Initials:** ____



Please ensure this form is complete. Incomplete forms will be returned.

LDAP Telephone: (905) 845-2571, Ext. 4407 **DAP Fax: (905) 338-4685**