ONCOLOGY REFERRAL FORM

Outpatient Cancer Care Clinic
Halton Healthcare
3001 Hospital Gate
Oakville, ON L6M 0L8

Please **COMPLETE ALL INFORMATION** and
FAX TO 905-338-4114 WITH ALL RELATED REPORTS

Patient's Surname:	Given Name:	
Health Card Number or non-OHIN information:	Version Code:	Does patient require translator? ☐ Yes ☐ No If yes, language?

Sex: ☐ Male ☐ Female ☐ Other: D.O.B: (DD/MM/YYYY)

Street (Apt) City Province Postal Code

Phone (primary)_____Phone (Secondary) _____

Patient Location: ☐ Home ☐ Hospital _____
Hospital / Inpatient Unit / Unit Extension

Alternate Contact:	Relationship:	Phone:
Referring Physician:	Fax:	Phone:
Family Physician:	Fax:	Phone:

Note: This patient remains under the care of the referring physician until seen by Oncologist at the Cancer Clinic

Diagnosis:	Patient Informed of Diagnosis: ☐ Yes ☐ No	ARO Status: MRSA ☐ Pos ☐ Unknown VRE ☐ Pos

Requested Service(s):
- ☐ Medical Oncologist.
- ☐ Hematology Oncologist
- ☐ Radiation Oncologist
- ☐ Palliative Care Physician

Primary Site:
- ☐ Breast
- ☐ Prostate
- ☐ Lung
- ☐ GI
- ☐ G.U.
- ☐ Melanoma
- ☐ Skin (Non-Melanoma)
- ☐ Gyne(Specify):
- ☐ Primary Unknown
- ☐ Hematology (Specify):
- ☐ Other (Specify):

Reason for Referral:
- ☐ New
- ☐ Recurrent/Progressive
- ☐ 2nd Opinion

Previous Cancer Treatment: ☐No ☐Yes (provide previous records)
- ☐ Chemotherapy
- ☐ Radiation
- ☐ Other:

Investigations Scheduled
Include Date & Testing Facility:

_____
_____
_____
_____

Note: Any missing information may delay processing of this referral

Investigations Completed and Faxed/Available Electronically:
***REQUIRED FOR REFERRAL with other staging investigations**

Reports:	Faxed	Clinical Connect	**Radiology:**	Faxed	Clinical Connect
*Referral Letter/H&P	☐	☐	MRI	☐	☐
*Operative/Scopes	☐	☐	Ultrasound	☐	☐
*Pathology Reports	☐	☐	Bone Scan	☐	☐
*Blood Work	☐	☐	CT Scan	☐	☐
Pulmonary Function	☐	☐	Mammogram	☐	☐
X-Ray	☐	☐	Receptors	☐	☐

Referring Physician Name (Printed) **Signature of Referring Physician (Mandatory)** **Date (DD/MM/YYYY)**

FOR OFFICE USE ONLY

Date Complete Referral Received: _____ (DD/MM/YYYY) Appointment Date: _____ Time: _____

Oncologist: _____

Appointment Given to: ☐ Patient ☐ Referring MD ☐ Other (Specify): Completed on Date:_____ (DD/MM/YYYY) Initials: _____

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To avoid delays in processing this referral, please request the following additional tests or include the following reports if already completed per disease site.

Disease Site	Additional Recommended Investigations with Reports and Test Results
Breast	○ ER/PR/HER2 results and surgeon's note for locally advanced breast cancer ○ PET scan for patients with locally advanced disease (T3N0, T2N1, T3N1, any N2, any T4) ○ CT chest/abdomen/pelvis for Stage 3-4 disease ○ Bone Scan (for patients not undergoing PET Scan) for Stage 3-4 disease
Colon	○ CT chest/abdomen/pelvis; MRI rectum, MRI or ultrasound liver ○ CEA, Ca 19-9 levels ○ NGS/Molecular testing (RAS, BRAF) and MMR testing on pathology specimen
Other Gastrointestinal	○ CT chest/abdomen/pelvis ○ Bloodwork: Ca19-9 level ○ PET scan with localized/locally advanced esophageal or GEJ cancer, anal SCC ○ Diagnostic laparoscopy: gastric cancer ○ MMR testing on pathology specimen ○ NGS/Molecular testing (Her2, PD-L1, FGFR) on pathology specimen for: gastroesophageal cancers, cholangiocarcinoma
Genitourinary	○ CT chest/abdomen/pelvis, Bone Scan ○ Bloodwork: PSA, total testosterone results ○ NGS/Molecular testing (BRCA/ATM, FGFR) on pathology specimen for: Prostate, urothelial carcinoma
Hematology	<u>Multiple Myeloma/MGUS</u> ○ Blood work: CBC, Creatinine, Calcium, LFT's, Quantitative immunoglobulins, serum immunofixation, SPEP, Serum Free Light chain studies, UPEP ○ Skeletal survey, CT, MRI if done <u>Lymphoma</u> ○ Bloodwork: CBC, Creatinine, Calcium, LFT's ○ CT neck, chest, abdo, pelvis with contrast <u>Lymphocytosis</u> ○ Bloodwork: CBC, calcium, Creatinine, LFTs, flow cytometry on peripheral blood ○ US or CTs if done <u>Myeloproliferative Disorders</u> ○ Bloodwork: CBC, Creatinine, Calcium, LFTs
Thoracic/Lung	○ CT chest/abdomen/pelvis, Bone Scan, MRI brain ○ PET scan for localized/locally advanced disease ○ Surgical opinion report, if available ○ Molecular studies (EGFR/ALK/PD-L1) ○ Other consultant opinions, if available

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