

PHONE: 905-721-7776
TOLL FREE: 1-877-772-5957

CENTRAL EAST REGIONAL CANCER PROGRAM
PATIENT REFERRAL FORM

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

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

Patient's last name		Patient's first name		Is the patient currently in hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, call the oncologist on call (905-576-8711 X 33200)	
Street (Apt)		City	Postal Code		Is the patient aware of the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please advise patient before referring (MANDATORY)
Home #		Cell #		Email address	
Health Card # (include version code)				Birthdate DD / MM / YY Gender	
Referring Physician or Nurse Practitioner (Last name, First name) (MANDATORY)		Referring Physician or Nurse Practitioner Billing Number (MANDATORY)		Telephone # (MANDATORY)	
Family Physician or Nurse Practitioner Name		Family Physician or Nurse Practitioner Billing Number		Telephone #	
				Alternate contact/Appointment notification Name: Relationship to patient: 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 talk to the oncologist on call (905-576-8711 X 33200) or direct patient to the emergency department

<p>REQUESTED SERVICE</p> <p><input type="checkbox"/> Medical Oncology</p> <p><input type="checkbox"/> Radiation Oncology</p> <p><input type="checkbox"/> Malignant Hematology</p> <p><input type="checkbox"/> Benign Hematology (wait times vary across sites)</p> <p>For palliative care referrals, please use the palliative care referral form found on the Lakeridge Health website.</p>	<p>PRIMARY SITE</p> <p><input type="checkbox"/> Breast** <input type="checkbox"/> Gynecology ** <input type="checkbox"/> Skin (non-melanoma)</p> <p><input type="checkbox"/> Gastrointestinal (GI) <input type="checkbox"/> Lung/Esophageal ** <input type="checkbox"/> Unknown Primary</p> <p><input type="checkbox"/> Genitourinary (GU) <input type="checkbox"/> Melanoma <input type="checkbox"/> Other: _____</p> <p>**For Breast, Lung/Esophageal or Gyne patients without a confirmed diagnosis, please refer to a Diagnostic Assessment Program (DAP) in your area. Please see DAP information and referral forms on our website or the Ocean e-referral.</p> <p>PLEASE NOTE: WE DO NOT TREAT PRIMARY HEAD & NECK, SARCOMA, THYROID, OR PRIMARY CNS CANCERS (excluding brain metastasis)</p>
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REASON FOR REFERRAL & DIAGNOSIS

PLEASE ATTACH ALL PERTINENT DOCUMENTS (*see disease site specific referral guidelines at the end of this form*)

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 MD/NP until seen by a Central East Regional Cancer Program oncologist

Signature of Referring Physician or Nurse Practitioner (MANDATORY)

CENTRAL EAST REGIONAL CANCER PROGRAM GENERAL INFORMATION

It is expected that the patient has been informed of their cancer diagnosis before a referral is made.

- Our routine practice is to schedule your patient to see the next available oncologist with appropriate expertise within 14 days of the referral. Wait times for benign hematology are longer and vary.
- **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 the cancer care pages of the Lakeridge Health 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
R.S. McLaughlin Durham Regional Cancer Centre – Lakeridge Health 1 Hospital Court, Oshawa, ON, L1G 2B9	X	X	X
Peterborough Regional Health Centre 1 Hospital Drive, Peterborough, ON, K9J 7C6	X	X	X
Northumberland Hills Hospital 1000 Depalma Drive, Cobourg, ON, K9A 5W6	X	X	
Scarborough Health Network - Centenary Site* 2867 Ellesmere Road, Toronto, ON, M1E 4B9	X *		
Ross Memorial Hospital * 10 Angeline Street North, Lindsay, ON, K9V 5B7	X *		

* Only radiation oncology clinics operate at these sites

CENTRAL EAST REGIONAL CANCER PROGRAM REFERRAL GUIDELINES

DISEASE SITE	PATIENTS APPROPRIATE TO REFER	TESTS REQUIRED	PROVIDE IF AVAILABLE
Adrenocortical / Sarcomas	Expertise limited, refer to UHN or Sunnybrook		
Anal	Suspicion or diagnosis of anal cancer	Pathology report	CT scan, MRI (pelvis)
Bladder	Suspicion or confirmed diagnosis of invasive or metastatic bladder cancer	Transurethral resection of the bladder tumour (TURP) pathology report or biopsy	Imaging reports, pathology reports
Breast	Confirmed diagnosis of breast cancer or evidence of metastatic/recurrent disease (please refer patients with an undiagnosed breast lump to the Breast Assessment Program)	Mammogram, operative report if surgery has been done, pathology reports – please request ER/PR/Her2 on the specimen (core biopsy and/or surgical pathology)	Imaging or diagnostic reports
Colorectal	Suspicion or diagnosis of colorectal cancer	Pathology report	CT scan, CEA value, endoscopy, for rectal cancer MRI (pelvis)
Esophageal/ Gastric	Biopsy proven or high-grade dysplasia	Pathology report	CT scan, endoscopy
Gynecology	Suspected or confirmed diagnosis	Biopsy pathology if available	Biopsy +/- surgical pathology, operative report, pelvic ultrasound, CT scan, CA 125
Hepato – Pancreato – Biliary (HPB)	Suspected or confirmed diagnosis	CT scan (chest, abdomen, and pelvis), biopsy pathology if available	Surgical pathology and endoscopy
Kidney	Confirmed diagnosis of metastatic kidney cancer	CT scan (chest, abdomen, and pelvis)	CT scan, MRI (abdomen and pelvis), ultrasound (abdomen and pelvis), operative report, surgical pathology (previous nephrectomy)
Lung	Suspicious nodule(s)/lesions/mass on CT thorax – if solitary lesion (or no evidence or metastasis, refer to Thoracic DAP)	CT scan (thorax and abdomen)	Pathology report, pulmonary function test, PET scan
Prostate	Diagnosis of prostate cancer	PSA reports (current and previous), pathology reports if biopsy but if no biopsy, PSA elevation and imaging	Prostate ultrasound report (done at biopsy), imaging
Skin (Melanoma or Non-Melanoma)	Biopsy proven	Biopsy pathology (not required for keloid)	Surgical pathology, surgical reports, wide excision pathology with applicable operative reports, CBC, LFTs, sentinel lymph node biopsy with applicable operative reports
Testes	Diagnosis or suspicion of testicular cancer	Ultrasound of testes, serum tumour markers (beta HCG, LDH, AFP), primary pathology from orchiectomy or biopsy of metastatic disease (but will see if markers elevated without biopsy/pathology)	CT scan, chest x-ray, operative reports
Unknown	Biopsy proven or imaging strongly suspicious for malignancy	Pathology report if biopsied, CT imaging if biopsy not available	Mammogram (women), upper/lower endoscopy, CT, bone scan, CA125, CEA, CA19-9
All Other	Biopsy proven	Pathology report	
HEMATOLOGY			
Myeloma/MG US	Positive for monoclonal protein or Bence Jones protein	SPEP, UPEP, CBC, creatinine, calcium	Imaging reports, pathology report
Lymphoma	Diagnosis of lymphoma	Pathology reports	Imaging reports
Other/Suspected Hematologic Cancer	Unexplained cytopenias, abnormal blood counts, splenomegaly, suggestive symptoms	CBC	Imaging reports, pathology report, other labs
Benign Hematology	Thromboembolism (DVT/PE), bleeding symptoms/disorders, hemolytic disorders, isolated thrombocytopenia, iron overload, sickle cell disease or hemoglobinopathies	CBC and other relevant blood work, imaging (if for DVT, PE)	