Odette Cancer Centre
Fax–In Referral Form

Referral:_____ Date: _____

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Please fax form and documents to New Patient Booking Office
(416) 480-6179

OCC OFFICE USE ONLY		TSRCC Reference:		SHSC Reference:	
Clinic Booked:		Date Booked:		Time Booked:	
Clinic Booked		Date Booked		Time Booked	
Clinic appointment called to:	Referring Physician Hospital	Patient Other (specify)		Slide Review Requested: (gyne/haem/testes)	Yes No

Site: Breast; Breast Diagnostic; CNS; Eye; Familial Breast; Familial Melanoma; G.I.; G.U.; Gynaecology; Haematology; Head & Neck; Lung; Melanoma; Pain Clinic; Pigmented Lesion; Sarcoma; Skin; Other (specify)

Patient Surname:	Given Name:	Male Female	
Street (Apt. #):	City:	Postal Code:	
Home: ( )	Work: ( )	Other Contact Name: Tel: ( )	
Birth Date (D/M/Y):	Does Patient Speak English? Yes No Other (specify)	Patient Location: Home Hospital (specify)	
OHIN Number:	Version Code:	Has referring physician changed address since you last referred? No Yes	
Referring Physician Name;	Physician Number:	Tel:	Fax:
Family Physician Name:	Physician Number:	Tel:	Fax:
Surgeon Name:	Physician Number:	Tel:	Fax:

Treatment Setting: Newly Diagnosed Cancer; Recurrent/Progressive Disease; Not Known

Diagnosis:

Patient Informed of Diagnosis? Yes No

Date of surgery/biopsy? Not applicable
D/M/Y

Anti-cancer treatments: Current Previous
Chemotherapy (specify)
Hormonal Therapy (specify)
Other (specify)

Specific Service Required: Radiation Oncology; Medical Oncology; Surgical/Gyne Oncology; Breast Diagnostic Clinics

Specific OCC oncologist?
No Yes (specify)

Reason for Referral:
Consideration of therapy
Second opinion
Other (specify)

Will the patient be followed by his/her local physician? Yes* No *If yes, Referring Physician; Family Physician; Medical Oncologist; Other

NOTE: This patient remains under the care of the referring physician until seen by an oncologist at OCC.

REMINDER: Please send the following, if available:

REPORTS:

	Faxed	Courier	With Patient	Not Available
Referral Letter/H&P				
Operative/Bronchoscopy				
Pathology Reports				
X-Ray Reports				
Chemo Schedules				
Blood Work				
Pulmonary Functions				

RADIOLOGY IMAGING:

	Courier	With Patient	N/A
Chest X-Ray			
Other Plain Film			
Ultrasound			
Bone Scan			
CAT Scan			
Mammogram (breast)			
Receptors			
MRI			

Referring Physician Signature
Revised as of July 2007

Sunnybrook
ODETTE CANCER CENTRE
A Cancer Care Ontario Partner

Phone Number – 416-480-4205