RVH exceptional People exceptional Care

Thoracic Intake Referral Form

Request for Respirology and Thoracic Surgery Consultation

Fax: (705) 792-3325 Tel: (705) 728-9090 ext 43334

Toronto East General Hospital

Surname	Given Name	Birthdate dd/mm/yy	Gender M ☐ F ☐

Street	City	Postal Code	☐ Translator Needed Language: ________________

Home Phone ( )	Work ( )	OHIP Number	VC

Primary Contact Surname	Primary Contact Given Name	Home ( )	Relationship

Referring Physician Name	Physician Number	Signature of Referring Physician (Mandatory)

Referral to: ***(Please refer to Clinical Pathway on other side)***

☐ Respirologist ☐ Thoracic Surgeon ☐ Either

REASON FOR REFERRAL

☐ Diagnostic Imaging Suspicious of Lung Cancer
☐ Peripheral nodule or mass in smoker
☐ Non-peripheral mass or nodule in smoker
☐ Nodule or mass in non-smoker
☐ Multiple pulmonary nodules
☐ Pleural effusion
☐ Mediastinal or contralateral hilar adenopathy
☐ Slowly or non-resolving pneumonia

☐ Clinical Symptoms Suspicious of Lung
☐ Massive hemoptysis
☐ Non-Massive hemoptysis
☐ Superior Vena Cava Syndrome (SVC)
☐ Stridor

Date of suspicious X-Ray ____/_____/______**Please fax X-ray report if available** (dd/mm/yyyy)

Other Reasons (Specify) ____

INTERNAL USE ONLY

Respirologist/Thoracic Surgeon:	Consult Date	Consult Time		Consult Date	Consult Time
☐ Dr. A Tailor (R) ☐ Dr. C. Tebbutt (R) ☐ Dr. J. Dickie (T) ☐ Dr. C. Simone (T) ☐ Dr. R. Zeldin (T)					
Respirology & Thoracic Surgery	**INVESTIGATIONS BOOKED** ☐ Full PFT ☐ Bronchoscopy ☐ Wang Procedure ☐ Mediastinoscopy ☐ VATS			Date Confirmed	Time Confirmed
Radiology/Diagnostic Imaging	☐ Chest X Ray ☐ CAT Scan ☐ PET Scan ☐ FNA ☐ Other (Specify)				
Other	☐ Obtained History of Patient ☐ Obtained All Pre Existing Chest X Rays ☐ Obtained All Medications Taken by Patient ☐ Obtained All Blood Work				

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Guidelines for Referring Physician

Please send consultant notes including HISTORY OF PATIENT, ALL BLOOD WORK and CURRENT MEDICATIONS. Patients MUST ARRIVE ON TIME and bring their HEALTH CARD and ALL X-RAYS, CT SCANS AND PERTINENT DIAGNOSTIC TESTS.

Clinical Pathway Referral

	Respirologist	Thoracic Surgeon
Chest X-Ray Suspicious of Lung Cancer		
Peripheral nodule or mass in smoker		X
Non-peripheral mass or nodule in smoker	X OR	X
Nodule or mass in non-smoker	X	
Multiple pulmonary nodules	X	
Pleural effusion	X	
Mediastinal or contralateral hilar adenopathy	X OR	X
Slowly or non-resolving pneumonia (Not resolved within 8 weeks)	X	
Clinical Symptoms Suspicious of Lung Cancer		
Massive hemoptysis (> 1 cup/24 Hours)		X
Non-Massive hemoptysis	X	
Superior Vena Cava Syndrome		X
Stridor	X	

Guideline for urgent Chest X-ray:

- ❑ Hemoptysis
- ❑ Unexplained or persistent (more than 3 weeks)
  - ❑ Cough
  - ❑ Chest/Shoulder pain
  - ❑ Dyspnea
  - ❑ Superior Vena Cava (SVC) Syndrome
  - ❑ Weight Loss
  - ❑ Chest Signs
  - ❑ Hoarsness
  - ❑ Finger Clubbing
  - ❑ Persistent Cervical/Supraclavicular Lymphadenopathy
  - ❑ Features Suggestive of Metastases From Lung Cancer (Brain, Bone, Liver, Skin)