

Toronto East General Hospital – Time to Treat

Patient Referral Request for Consultation

Tel: (416) 469-6580 x2171 Fax: (416) 469-7717

Surname		Given Name		Birthdate		Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Street			City		Postal Code		<input type="checkbox"/> Speak English Fluently? <input type="checkbox"/> Other (specify)*
Home Phone ()		Work ()		OHIP Number			VC
Is Patient a Smoker? Y <input type="checkbox"/> N <input type="checkbox"/> Quit <input type="checkbox"/> Never <input type="checkbox"/>		If Yes, # of ___ cigarettes If Yes, # of ___ years		If Quit, # of ___ Years Smoked If Quit, When? _____		Height _____ Inches Weight _____ Lbs	
Primary Contact Surname		Primary Contact Given Name		Home ()		Relationship	
Referring Physician Name		Physician Number		Signature of Referring Physician (Mandatory)			
Referring Physician Address			Telephone ()		Fax ()		
Referral Type: <input type="checkbox"/> Respiriologist <input type="checkbox"/> Thoracic Surgeon <input type="checkbox"/> Both							
Reason for Referral (<i>Please refer to Clinical Pathway on other side</i>)							
Likely Bronchogenic Carcinoma <input type="checkbox"/> Solitary Peripheral Pulmonary Nodule in Smoker <input type="checkbox"/> Peripheral Lung Mass in Smoker <input type="checkbox"/> Non-Peripheral Nodule or Mass in Smoker <input type="checkbox"/> Non-Extensive Ipsilateral Adenopathy <input type="checkbox"/> Multiple Pulmonary Nodules <input type="checkbox"/> Pleural Effusion <input type="checkbox"/> Extensive Mediastinal or Contralateral Hilar Adenopathy <input type="checkbox"/> Lytic Bone Lesions <input type="checkbox"/> Poor Operability due to underlying medical				Possibly Bronchogenic Carcinoma <input type="checkbox"/> Massive Hemoptysis <input type="checkbox"/> Submassive Hemoptysis with Normal CXR <input type="checkbox"/> Lung Nodule/Mass in a Non-Smoker <input type="checkbox"/> Slowly or Non Resolving Pneumonia Likely Not Bronchogenic Carcinoma <input type="checkbox"/> Fibroapical Disease Suggestive of TB <input type="checkbox"/> Interstitial Infiltrates Other Reasons (Specify) _____			
INTERNAL OFFICE USE ONLY							
Respirology Consultation				Thoracic Consultation			
PLEASE ARRANGE FOR PATIENT TO SEE DR. SIMONE							
INVESTIGATIONS BOOKED							
Respirology & Thoracic Surgery		<input type="checkbox"/> Flow Volume Loops <input type="checkbox"/> Full Time Full O ² Assessment <input type="checkbox"/> Rest Oximetry <input type="checkbox"/> Arterial Blood Gases <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> Wang Procedure <input type="checkbox"/> Mediastinoscopy <input type="checkbox"/> VATS					Date Confirmed
Radiology/Diagnostic Imaging		<input type="checkbox"/> Chest X Ray <input type="checkbox"/> CAT Scan <input type="checkbox"/> FNA <input type="checkbox"/> Other (Specify)					
Other		<input type="checkbox"/> History of Patient <input type="checkbox"/> All Pre Existing Chest X Rays <input type="checkbox"/> All Medications Taken by Patient <input type="checkbox"/> All Blood Work					
Consultation Appointment Date				Consultation Appointment Time			
Appointment Given To:		<input type="checkbox"/> Patient <input type="checkbox"/> Family Physician		Person Taking Information:			

Instructions for Family Physician

Patients MUST ARRIVE ON TIME and bring their HEALTH CARD and ALL PERTINENT DIAGNOSTIC TESTS.

Clinical Pathway Referral

	Respirology	Thoracic Surgery	Either
1. Likely bronchogenic carcinoma			
a. Likely surgically respectable disease			
Solitary peripheral pulmonary nodule in smoker		✓	
Peripheral lung mass in smoker		✓	
b. Intermediate/indeterminate			
Non-peripheral nodule or mass in a smoker			✓
Non-extensive ipsilateral adenopathy	✓		
c. Likely not surgically respectable/operable disease			
Multiple pulmonary nodules	✓		
Pleural effusion	✓		
Extensive mediastinal or contralateral hilar adenopathy			✓
Lytic bone lesions	✓		
Poor operability due to underlying medical condition	✓		
2. Possibly bronchogenic carcinoma			
Massive hemoptysis		✓	
Submassive hemoptysis with normal CXR	✓		
Lung nodule/mass in a non-smoker	✓		
Slowly or non resolving pneumonia	✓		
3. Likely not bronchogenic carcinoma			
Fibroapical disease suggestive of TB	✓		
Interstitial infiltrates	✓		