



**PROP REFERRAL FORM
 PALLIATIVE RADIOTHERAPY AND OLIGOMETASTASES PROGRAM
 610 University Avenue, Toronto, Ontario M5G 2M9**

PLEASE EMAIL OR FAX COMPLETED FORM TO:

Email: Namrata.Sharma@uhn.ca and Kathleenkay.Tizon@uhn.ca

Phone: 416 946 2470

Fax: 416 946 4657

**(FOR URGENT REFERRALS OR IF YOU DO NOT HEAR FROM THE COORDINATOR WITHIN 4 HOURS,
 PLEASE CONTACT Jillian.Tsai@uhn.ca DIRECTLY)**

Patient Information		
Last Name	First Name	Date of Birth (dd/mm/yyyy)
Patient Contact Phone	Alternative Contact Phone	Health Card Number
Referring Physician Name	Referring Physician Phone/Other Contact Information	Patient Location <input type="checkbox"/> Home <input type="checkbox"/> Inpatient/location _____ <input type="checkbox"/> Other
Clinical Information*		
Primary Cancer Histology	Anatomic Site(s) of Palliative Radiotherapy Requested	Other Pertinent Information

* Please include any other relevant information/patient charts not on Connecting Ontario.