

Date Sent: _____

Select a surgeon:

Dr. Dale Brown Phone: 416 946 2147 Fax: 416 946 2300
 Dr. John de Almeida Phone: 416 340 3137 Fax: 416 946 2300
 Dr. Ralph Gilbert Phone: 416 340 3145 Fax: 416 946 2300
 Dr. David Goldstein Phone: 416 340 3062 Fax: 416 946 2300
 Dr. Jonathan Irish Phone: 416 340 3113 Fax: 416 946 2300
 Dr. Amin Madani Phone: 416 340 3843 Fax: 416 340 3808

Dr. Christopher Noel Phone: 416 340 5186 Fax: 416 946 2300
 Dr. Jesse Pasternak Phone: 416 340 4792 Fax: 416 340 3808
 Dr. Lorne Rotstein Phone: 416 340 5195 Fax: 416 340 3808
 Dr. Sharon Tzelnick Phone: 416 340 3147 Fax: 416 946 2300
 Dr. Christopher Yao Phone: 416 340 3063 Fax: 416 946 2300

PATIENT INFORMATION

Last Name:		First Name:		Date of Birth (dd/mm/yyyy):		Gender:	
Health Card #:		Version:	Patient Location Details (Home/Inpatient):		Previous UHN Patient: Y / N MRN, if Known:		
Street Address:							
City:			Province:			Postal Code:	
Phone (Home):		Phone (Cell):			Phone (Work):		
Alternate Contact Name:		Relationship:			Phone (Home/Cell):		
Referring Physician Name:		Referring Physician Billing Number:		Referring Physician Phone:		Referring Physician Fax:	
Referring Physician Email:		Family Physician Name:		Family Physician Phone:		Family Physician Fax:	

***CLINICAL INFORMATION REQUIRED* (Please include as much information as possible and FAX COPIES OF ALL CONSULTATION/CLINICAL NOTES & REPORTS)**

Reason for Consultation: Newly diagnosed Second opinion Recurrent/progressive disease Other: _____	Diagnosis: _____ Patient Informed of Diagnosis? Yes No	Diagnostic Imaging/Reports: Relevant Biochemistry & hormone levels X-ray CT MRI Ultrasound OR notes Pathology Other: _____
	Patient Has Also Been Referred To: Medical Oncology Radiation Oncology A separate referral must be sent for each additional service requested.	

REFERRING PHYSICIAN CHECKLIST FOR A COMPLETE REFERRAL

Referral letter/consult note Pathology reports Surgical procedure notes Diagnostic imaging reports
 Clinical notes Diagnostic imaging films & list of all medications given to patient to bring to appointment

NOTE: THIS PATIENT REMAINS UNDER THE CARE OF THE REFERRING PHYSICIAN UNTIL SEEN BY AN ONCOLOGIST AT PRINCESS MARGARET

OFFICE USE ONLY:

Date Received:	Appointment Date & Time:	Interpreter Booked? Y/N	Clinic:
Physician Signature:		Date:	Comments: