

## GENERAL HEMATOLOGY CLINIC REFERRAL FORM

**Toronto General Hospital, UHN**  
**585 University Avenue, Toronto, Ontario M5G 2N2**  
**Phone: 416-340-4205      Fax: 416-340-3590**

Date Sent: \_\_\_\_\_

Physicians are requested to visit the University of Toronto's [Hematology Institute](http://www.hematologyinstitute.com) website prior to submitting a request for a formal hematology consult. Guidance on the investigation and management of common hematology questions is posted there, as are instructions on how to seek an eConsult (<https://otn.ca/patients/econsult>) through the Ontario Telemedicine Network. Questions can be directed to our group (UHN/Mount Sinai Academic Hematology) by selecting the "Specific Provider or Group" option once you initiate an eConsult. The turnaround time to get a response is typically 1 day, and often an in-person consultation can be avoided.

### 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 #:		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)

<p><b>Reason for Consultation:</b></p> <p>Abnormal blood counts</p> <p>Iron deficiency</p> <p>Iron overload</p> <p>Monoclonal protein</p> <p>Bleeding</p> <p>Other: _____</p>	<p>Interpreter Services Requested?</p> <p>Yes      No</p> <p>If Yes: please specify patient's primary language:</p>	<p><b>Checklist for a complete referral:</b></p> <p>Referral letter</p> <p>Blood work (including recent and previous results if relevant)</p> <p>Clinical notes</p> <p>Pathology reports</p> <p>Diagnostic imaging reports</p>
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**NOTE: THIS PATIENT REMAINS UNDER THE CARE OF THE REFERRING PHYSICIAN UNTIL SEEN BY A HEMATOLOGIST AT UHN.**

### OFFICE USE ONLY:

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