Princess Margaret Cancer Centre (UHN)

Date Sent: ____________________

DEPARTMENT OF RADIATION ONCOLOGY
BRAIN METASTASES SITE GROUP REFERRAL FORM
FOR URGENT REFERRALS CONTACT PHYSICIAN DIRECTLY
700 University Avenue, Toronto, Ontario M5G 1X6
Phone: 416 946 2901 Fax: 416 946 4657

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/CLINCAL NOTES & REPORTS)

Reason for Consultation:

- Newly diagnosed
- Second opinion
- Recurrent/progressive disease
- Referral has been made to Clinical Trials
- Other:

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Diagnosis:

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Patient Informed of Diagnosis?

Yes No

Diagnostic Imaging:

- CT
- MRI Brain (prior/recent- within 1 month)
- Other:

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Patient Has Also Been Referred To:

- Medical Oncology
- Surgical Oncology

A separate referral must be sent for each additional service requested.

Interpreter Services Requested?

- No
- Yes: please specify patient's primary language:

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Specific Radiation Oncologist Requested?

- No
- Yes: please specify:

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REFERRING PHYSICIAN CHECKLIST FOR A COMPLETE REFERRAL

Referral letter/Consult note Pathology reports Previous brain surgical procedure notes Diagnostic imaging reports Clinical notes Previous radiation therapy to the brain notes/dose Systemic therapy notes

Please send all MRI/CT Brain on CD prior to consultation appointment to: Brain Mets Referral Coordinator, Princess Margaret Cancer Centre, 7th Floor, 700 University Ave, Toronto, ON M5G 1X6 – If too short notice, please give CD 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: