

Date Sent: _____

Select a surgeon:

Dr. Dale Brown	Phone: 416 946 2147	Fax: 416 946 2300	Dr. Jeremy Freeman	Phone: 416 586 5141	Fax: 416 586 8600
Dr. Ralph Gilbert	Phone: 416 340 5235	Fax: 416 340 3227	Dr. David Goldstein	Phone: 416 946 4353	Fax: 416 946 2300
Dr. Patrick Gullane	Phone: 416 946 2143	Fax: 416 946 2300	Dr. Jonathan Irish	Phone: 416 946 2148	Fax: 416 946 2300
Dr. Lorne Rotstein	Phone: 416 340 3573	Fax: 416 340 3808			
Dr. Ian Witterick	Phone: 416 586 4800	ext. 8313	Fax: 416 586 8600		

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)**

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

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: