UHN Princess Margaret Cancer Centre

GYNECOLOGY – DEPARTMENT OF SURGICAL ONCOLOGY REFERRAL FORM
FOR URGENT REFERRALS CONTACT PHYSICIAN DIRECTLY
610 University Avenue, Toronto, Ontario M5G 2M9

Date Sent: _____ **Phone: (416) 946 2254** **Fax: (416) 946 2288**

Select a Surgeon:

- ☐ Dr. Marcus Bernardini
- ☐ Dr. Genevieve Bouchard-Fortier
- ☐ Dr. Paulina Cybulska
- ☐ Dr. Sarah Ferguson
- ☐ Dr. Liat Hogen
- ☐ Dr. Stephane Laframboise
- ☐ Dr. Taymaa May

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
- ☐ Other:

_____

Diagnosis:

_____

Patient Informed of Diagnosis?
☐ Yes ☐ No

Diagnostic Imaging/Reports:
- ☐ X-Ray
- ☐ MRI
- ☐ CT
- ☐ 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.

Interpreter Services Requested?
- ☐ No
- ☐ Yes: Please specify patient's primary language:

_____

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:	