UHN Princess Margaret Cancer Centre

PLASTIC & RECONSTRUCTIVE – DEPARTMENT OF SURGICAL ONCOLOGY REFERRAL FORM

FOR URGENT REFERRALS CONTACT PHYSICIAN DIRECTLY

610 University Avenue, Toronto, Ontario M5G 2M9

Date Sent: _____

Select a surgeon:

☐ Dr. Stefan Hofer	**Phone: 416 340 3449**	**Fax: 416 340 4403**
☐ Dr. Toni Zhong	**Phone: 416 340 3858**	**Fax: 416 340 4403**
☐ Dr. Anne O'Neill	**Phone: 416 340 3143**	**Fax: 416 340 4403**
☐ Dr. Siba Haykal	**Phone: 416 340 4327**	**Fax: 416 340 4403**

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 breast cancer requiring immediate breast reconstruction

☐ Other types of immediate breast reconstruction (gene positivity, etc.)

☐ Delayed breast reconstruction

☐ Breast reconstruction revision

☐ Partial breast reconstruction

☐ Second opinion

☐ Other:

_____

Diagnosis:

_____

Patient Informed of Diagnosis?

☐ Yes ☐ No

Interpreter Services Requested?

☐ No

☐ Yes: please specify patient's primary language:

_____

Diagnostic Imaging/Reports:

☐ 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:	