Toronto General
Toronto Western
Princess Margaret
Toronto Rehab
Michener Institute

Lung Cancer Rapid Assessment & Management Program

URGENT REFERRAL FOR POSSIBLE LUNG CANCER

Toronto General Hospital | Tel: (416) 340- 4800 ext 2871 | Fax: (416) 340- 3353 | Email: LUNG911@uhn.ca

PATIENT INFORMATION			
Last Name:	First Name:	Date of Birth (dd/mm/yyyy):	Gender: M F
Health Card #:	Version:	Patient Location Details (Home/Inpatient):	Previous UHN Patient: Yes No 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:

Referral to: ☐ **LungRAMP Program (Earliest Available) or**

☐ Dr E Wakeam ☐ Dr S Keshavjee ☐ Dr M de Perrot ☐ Dr K Czarnecka
☐ Dr A Pierre ☐ Dr T Waddell ☐ Dr K Yasufuku ☐ Dr M Cypel
☐ Dr L Donahoe ☐ Dr J Yeung

Please FAX consultant notes including HISTORY OF PATIENT, BLOOD WORK and CURRENT MEDICATIONS, X -RAY, CT SCAN, PATHOLOGY/CYTOLOGY & other PERTINENT REPORTS. **Patients MUST ARRIVE ON TIME and bring with them their HEALTH CARD and X-RAY OR CT-SCAN IMAGES.**

The Problem: (Reason to suspect Lung Cancer)

☐ Chest X-ray Suspicious of Lung Cancer
☐ Chest CT-scan Suspicious of Lung Cancer
☐ Clinical Symptoms Suspicious of Lung Cancer
☐ FNA positive for Lung Cancer

☐ Smoker
☐ Non Smoker
☐ Former Smoker

Please note: Referrals with recently completed Chest CT-scans are preferred

Other specify :____

Please send SUSPICIOUS IMAGING IF AVAILABLE WITH PATIENT

Signature of Referring Physician (Mandatory) ________________________ **Date:** ____/____/_____