JOSEPH BRANT HOSPITAL Oncology Clinic

Please complete all information and include all related reports with this request and fax to ***905 336-6492****.*
Lack of information may delay appointment scheduling*.*
If this referral is ***<u>EMERGENT</u>,*** *please phone the clinic office directly at* **905 336 4103**

NEW PATIENT REFERRAL FORM

Date of Request (d/m/y): ______________________________

Patient Information	**Referring Physician Information**
Patient Name: ______________________	Referring Physician: ______________________
Address: ______________________	Address: ______________________
______________________	______________________
Date of Birth: ______________________	Phone: ( ) ______________________
Phone: ( )______________________	Fax: ( ) ______________________
Alternate contact: ( ) ______________________	Billing #: ______________________
Health Card Number:______________________	(*may use this space for stamp/label if applicable*)

Patient Location: ☐ Home ☐ Hospital ☐ Nursing Home ☐ Other: ______________________
ARO: ☐ VRE ☐ MRSA ☐ Other: ______________________

Reason for Referral (diagnosis): ______________________________
____
Previous Cancer Treatment: ☐ No, never ☐ Yes, chemotherapy ☐ Yes, Radiation
If yes, previous treatment facility:
____

Consultation Requested:
☐ Medical Oncology (Dr. Callista Phillips, Dr. Paul Barnfield) *referral will go to first available*
☐ Haematology (Dr. Lisa Christjanson, Dr. Matthew Kang) *referral will go to first available*
☐ Radiation Oncology (Dr. Barbara Strang)

Clinical documentation/enclosed reports to date
☐ Patient History & Consult notes
☐ Lab – If labs are pending please indicate the lab: ______________________
☐ Imaging – If images are pending please indicate the location: ______________________
☐ Pathology & Cytology
☐ Operative Reports
☐ Other: ______________________
Surgical Office Comments (surgical procedure & date): ______________________

Please Note:
Once this referral is processed, you will receive a New Patient Appointment Confirmation via fax and you will be asked to notify your patient of the appointment and remind to bring their health card and current medication list.