

**GRAND RIVER REGIONAL CANCER CENTRE
NEW PATIENT REFERRAL FORM**

**Please complete ALL information and include all related reports with this request and
FAX to 519-749-4381 (Phone: 519- 749-4370 Ext. 5720)**

PATIENT'S PERSONAL INFORMATION

NAME:			
Address		Apt. #	City, town, village
Postal Code	Home phone # Business/other phone #	Permission to contact patient at this number?	
Date of Birth	Age	Sex: F <input type="checkbox"/> M <input type="checkbox"/>	Patient currently: Home <input type="checkbox"/> Hospital <input type="checkbox"/> Where:

HEALTH INSURANCE INFORMATION

Is patient covered under Ontario Health Insurance Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes Full name on Health Card: _____	Health Card Number	Version code	Exp date
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REFERRAL INFORMATION: To be completed and signed by referring physician

Referring Physician's Name:	Physician Billing #:	Tel: ()	Fax: ()
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Signature of Referring Physician (mandatory) _____

Family Physician Name	Tel: ()	Fax: ()
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Reason for Referral:

Diagnosis:	Date Diagnosis Discussed with Patient:
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Requested Service:

Medical Oncology <input type="checkbox"/>	Radiation Oncology <input type="checkbox"/>	Pain and Symptom Management <input type="checkbox"/>	Other <input type="checkbox"/>
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CLINICAL INFORMATION

Operative Procedures	Dates:
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Related Information	Sent With Referral	Date completed	Location
Pathology			
Operative reports			
Blood work			
Discharge Summary			
Consultation note(s)			

Imaging	Date Completed OR Date Booked	Location
X-ray		
Mammogram		
CT		
MRI		
Nuclear Medicine		
Ultrasound		

Grand River Regional Cancer Centre (GRRCC) New Patient Referral Guide

Referrals must be accompanied by:

- Completed referral form
- A consultation letter highlighting presenting signs and symptoms and findings

Our wish is to process referrals ASAP. If tests/reports are in progress, please note the date of the procedure and the location and send in the referral.

***For Radiation Oncology, referrals without a biopsy or tissue confirmation of cancer will be reviewed by triaging physician and additional information may be requested. Please send all relevant clinical information with referral.**

Disease Site	Patient Appropriate for Referral	Required for Referral	Provide if Available
BREAST	Symptomatic of breast cancer and/or follow up on abnormal mammogram -> referral to Waterloo Wellington Breast Centre	Referral to Waterloo Wellington Breast Centre https://www.grhosp.on.ca/assets/documents/Breast-DAP_Referral-Form.pdf	All recent mammography and breast ultrasound reports and pathology on previous biopsies.
	Biopsy proven breast cancer	<ul style="list-style-type: none"> • GRRCC Referral form • History and Physical • Mammogram • Operative note • Pathology • ER/PR, HER 2Nu status - completed or pending <p>For DCIS - ER/PR, HER2 not required</p>	<ul style="list-style-type: none"> • U/S • CT Scan • MRI • Previous breast surgery notes and surgical pathology • Bone Scan • Discharge Summary
CENTRAL NERVOUS SYSTEM	Biopsy proven primary brain tumour	<ul style="list-style-type: none"> • GRRCC Referral form • History and Physical • Pathology • MRI • CT head <p>* for Radiation oncology: MRI OR CT head</p>	<ul style="list-style-type: none"> • Associated consult notes • Discharge summary if applicable • Labs • Operative notes
GASTROINTESTINAL <i>(esophagus, stomach, colon/rectum, anus, pancreas, liver, biliary tract/gall bladder)</i>	Biopsy proven cancer or high grade dysplasia <i>*Liver can be booked without tissue confirmation if MRI positive and AFP high</i>	<ul style="list-style-type: none"> • GRRCC Referral form • History and Physical • Labs (CEA, CBC, LFT) • Imaging for appropriate anatomy (endoscopy, colonoscopy, ERCP) • Pathology • Tumor markers: (completed or pending) <ul style="list-style-type: none"> • liver – AFP • Pancreas - 19-9 • Neuroendocrine- Ki67% 	<ul style="list-style-type: none"> • Operative Note • Discharge summary • CT Scan, upper GI series, barium enema, U/S, ERCP, liver scan, bone scan • Any associated consult notes

<p>GENITOURINARY</p>	<p>Biopsy proven cancer</p>	<ul style="list-style-type: none"> • GRRCC Referral form • History and Physical • CBC, LYLES, PSA, LFT, ALK PHOS, BUN&CR • Pelvic CT • Operative notes • Pathology <p>For Testes: beta HCG, AFP, LD</p> <p>*Medical Oncology: prostate - for patients > 80 yrs, referral may be accepted with only PSA *Radiation Oncology: Prostate - PSA and biopsy report only</p>	<ul style="list-style-type: none"> • Associated consult notes • MRI • CT • CXR • Bone scan • U/S • Discharge summary
<p>GYNECOLOGY <i>(ovary; fallopian tube; vagina; cervix; vulva; gestational trophoblastic neoplasm (GTN))</i></p>	<p>Suspicious pelvic/peritoneal mass or biopsy proven</p>	<ul style="list-style-type: none"> • GRRCC Referral form • History and Physical • Pathology - biopsy or surgical • Abd/Pelvic CT <p>For Cervix: Pelvic MRI For Sarcoma: Chest/Abd/Pelvic CT & Pelvic MRI For Pelvic Mass or Ovary: Ca 125, Abd/Pelvic CT For GTN: Beta HCG trends For Germ Cell: Beta HCG, AFP, LDH</p>	<ul style="list-style-type: none"> • Operative notes • Pathology/cytology • PDL1 CPS – cervical ca • Associated consult notes • Labs • U/S • MRI • CXR • Multidisciplinary Care Conference note
<p>HEAD & NECK <i>(oral cavity; oropharynx; hypopharynx; nasopharynx; parotid; thyroid)</i></p>	<p>Biopsy proven lesion</p>	<ul style="list-style-type: none"> • GRRCC Referral form • History and Physical • Pathology/cytology of biopsy &/or surgical excision 	<ul style="list-style-type: none"> • Operative notes • Associated consult notes • CT, CXR, other xrays or ultrasounds • p16 result included in pathology • PDL1 CPS – SCC tissue
<p>HEMATOLOGY</p>	<p>Biopsy proven OR Abnormal blood counts OR Suspected myeloma</p>	<ul style="list-style-type: none"> • GRRCC Referral form • History and Physical • CBC, CR, CA <p>For myeloma:</p> <ul style="list-style-type: none"> • SPEP and QI <p>For lymphoma:</p> <ul style="list-style-type: none"> • Pathology (biopsy or bone marrow biopsy) 	<ul style="list-style-type: none"> • Operative notes • Any pathology • Associated consult notes • CT • U/S • Xray • MRI • Skeletal survey • PET Scan • Bone marrow results • Flow cytometry
<p>KIDNEY</p>	<p>Suspicious mass on imaging OR Biopsy proven</p>	<ul style="list-style-type: none"> • GRRCC Referral form • History and Physical • U/S • Abd/Pelvic CT • Labs: BUN, Cr <p>*Radiation Oncology – no U/S required</p>	<ul style="list-style-type: none"> • Pathology • Operative notes

LUNG	Suspicious mass, no tissue -> referral to LDAP	Lung Diagnostic Assessment Program Referral https://www.grhosp.on.ca/care/services-departments/cancer/diagnosis/lung-diagnostic-assessment-program	
	Suspicious nodule(s)/lesion/mass AND Biopsy proven cancer	<ul style="list-style-type: none"> • GRRCC Referral form • History and Physical • Chest Xray • Chest CT • Pathology • Molecular profiling – confirmation of being sent and in progress <p>*Radiation oncology: CXR not required</p>	<ul style="list-style-type: none"> • Operative notes • Associated consult notes • LDAP reports • Bronchoscopy • Discharge summary • Labs • CT, MRI, U/S, Bone Scan • Medication list • PFT • Echo
MELANOMA	Biopsy proven lesion	<ul style="list-style-type: none"> • GRRCC Referral form • History and Physical • Pathology (biopsy AND wide local excision) • Operative notes 	<ul style="list-style-type: none"> • Associated consult notes • CT • U/S • MRI • Bone Scan • Tumour Markers
MYCOSIS FUNGODIES	Biopsy proven	<ul style="list-style-type: none"> • GRRCC Referral form • History and Physical • Pathology • Labs: CBC, Lytes, LFT, BUN, CA, LD, TSH, and CMPB if possible • Previous treatments including any radiation records 	<ul style="list-style-type: none"> • Associated consult notes • CT Chest/Abd/Pelvis • CXR
PRIMARY UNKNOWN	Metastatic diagnosis without focus of primary	<ul style="list-style-type: none"> • GRRCC Referral form • History and Physical • Labs • Imaging • Any pathology done during investigations • Past history of malignancies 	<ul style="list-style-type: none"> • Operative notes • Associated consult notes • CT • Mammogram • U/S • MRI • Bone scan • CXR • Any workup done
SARCOMA	Suspicious mass or biopsy proven sarcoma Suspicious or aggressive bone lesion on imaging	<ul style="list-style-type: none"> • GRRCC Referral form • History and Physical • Biopsy pathology if available • Imaging reports 	<ul style="list-style-type: none"> • Operative notes • Associated consult notes • Surgical pathology • Discharge summary
SKIN	Biopsy proven * Medical Oncology: Metastatic disease only (SCC, BCC, merckell cell)	<ul style="list-style-type: none"> • GRRCC Referral form • History and Physical • Pathology 	<ul style="list-style-type: none"> • Operative notes • Photos • Any imaging reports • CXR

If you have any questions about the referral criteria or referrals to the Grand River Regional Cancer Centre, please contact New Patient Referrals at 519-749-4370 ext. 5720