Waterloo Wellington Regional Cancer Program
Ontario Health (Cancer Care Ontario)

WRHN
Waterloo Regional Health Network

WRHN 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 ☐ M ☐	Patient currently: Home ☐ Hospital ☐ Where:

HEALTH INSURANCE INFORMATION

Is patient covered under Ontario Health Insurance Plan? ☐No ☐Yes Full name on Health Card: _____	Health Card Number	Version code	Exp date

REFERRAL INFORMATION: To be completed and signed by referring physician

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

Reason for Referral:

Diagnosis: Date Diagnosis Discussed with Patient:

Requested Service:

Medical Oncology ☐ Radiation Oncology ☐ Pain and Symptom Management ☐ Other ☐

CLINICAL INFORMATION

Operative Procedures Dates:

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		

(2005-05-24)

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WRHN Cancer Centre (WRHNCC) 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		
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	• WRHNCC Referral form • History and Physical • Mammogram • Operative note • Pathology • ER/PR, HER 2Nu status - completed or pending **For DCIS** - ER/PR, HER2 not required	• U/S • CT Scan • MRI • Previous breast surgery notes and surgical pathology • Bone Scan • Discharge Summary
CENTRAL NERVOUS SYSTEM	Biopsy proven primary brain tumour	• WRHNCC Referral form • History and Physical • Pathology • MRI • CT head * for Radiation oncology: MRI **OR** CT head	• Associated consult notes • Discharge summary if applicable • Labs • Operative notes

GASTROINTESTINAL *(esophagus, stomach, colon/rectum, anus, pancreas, liver, biliary tract/gall bladder)*	Biopsy proven cancer or high grade dysplasia
	
	**Liver can be booked without tissue confirmation if MRI positive and AFP high*
		• WRHNCC Referral form
		• History and Physical
		• Labs (CEA, CBC, LFT)
		• Imaging for appropriate anatomy (endoscopy, colonoscopy, ERCP)
		• Pathology
		• Tumor markers: (completed or pending)
		  • liver – AFP
		  • Pancreas - 19-9
		  • Neuroendocrine- Ki67%
			• Operative Note
			• Discharge summary
			• CT Scan, upper GI series, barium enema, U/S, ERCP, liver scan, bone scan
			• Any associated consult notes

GENITOURINARY	Biopsy proven cancer	• WRHNCC Referral form • History and Physical • CBC, LYTES, PSA, LFT, ALK PHOS, BUN&CR • Pelvic CT • Operative notes • Pathology **For Testes:** beta HCG, AFP, LD *Medical Oncology: prostate - for patients > 80 yrs, referral may be accepted with only PSA *Radiation Oncology: Prostate - PSA and biopsy report only	• Associated consult notes • MRI • CT • CXR • Bone scan • U/S • Discharge summary
GYNECOLOGY *(ovary; fallopian tube; vagina; cervix; vulva; gestational trophoblastic neoplasm (GTN))*	Suspicious pelvic/peritoneal mass or biopsy proven	• WRHNCC Referral form • History and Physical • Pathology - biopsy or surgical • Abd/Pelvic CT **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	• Operative notes • Pathology/cytology • PDL1 CPS – cervical ca • Associated consult notes • Labs • U/S • MRI • CXR • Multidisciplinary Care Conference note
HEAD & NECK *(oral cavity; oropharynx; hypopharynx; nasopharynx; parotid; thyroid)*	Biopsy proven lesion	• WRHNCC Referral form • History and Physical • Pathology/cytology of biopsy &/ or surgical excision	• Operative notes • Associated consult notes • CT, CXR, other xrays or ultrasounds • p16 result included in pathology • PDL1 CPS – SCC tissue
HEMATOLOGY	Biopsy proven **OR** Abnormal blood counts **OR** Suspected myeloma	• WRHNCC Referral form • History and Physical • CBC, CR, CA **For myeloma:** • SPEP and QI **For lymphoma:** • Pathology (biopsy or bone marrow biopsy)	• Operative notes • Any pathology • Associated consult notes • CT • U/S • Xray • MRI • Skeletal survey • PET Scan • Bone marrow results • Flow cytometry
KIDNEY	Suspicious mass on imaging **OR** Biopsy proven	• WRHNCC Referral form • History and Physical • U/S • Abd/Pelvic CT • Labs: BUN, Cr *Radiation Oncology – no U/S required	• 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	• WRHNCC Referral form • History and Physical • Chest Xray • Chest CT • Pathology • Molecular profiling – confirmation of being sent and in progress *Radiation oncology: CXR not required	• 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	• WRHNCC Referral form • History and Physical • Pathology (biopsy AND wide local excision) • Operative notes	• Associated consult notes • CT • U/S • MRI • Bone Scan • Tumour Markers
MYCOSIS FUNGODIES	Biopsy proven	• WRHNCC Referral form • History and Physical • Pathology • Labs: CBC, Lytes, LFT, BUN, CA, LD, TSH, and CMPB if possible • Previous treatments including any radiation records	• Associated consult notes • CT Chest/Abd/Pelvis • CXR
PRIMARY UNKNOWN	Metastatic diagnosis without focus of primary	• WRHNCC Referral form • History and Physical • Labs • Imaging • Any pathology done during investigations • Past history of malignancies	• 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	• WRHNCC Referral form • History and Physical • Biopsy pathology if available • Imaging reports	• Operative notes • Associated consult notes • Surgical pathology • Discharge summary
SKIN	Biopsy proven * Medical Oncology: Metastatic disease only (SCC, BCC, merkell cell)	• WRHNCC Referral form • History and Physical • Pathology	• Operative notes • Photos • Any imaging reports • CXR

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