The Ottawa Hospital | L'Hôpital d'Ottawa

BREAST CANCER REFERRAL
Cancer Centre

Phone inquiry:
Local: 613-247-3525
Toll Free: 1-888-627-5206

Referral by fax:
Local: 613-247-3516
Toll Free: 1-888-627-5346

PATIENT INFORMATION

Last name	First name	Maiden/Previous name	Initial(e)s

DOB (yyyy/mm/dd) / /	Sex ❑ M ❑ F	OHIP/Other	Version	exp.

Address	City	Province	Postal Code

Home:	Work:	ext.:	Cell:

Contact person	Home	Work	ext.	Cell

Does the patient have special needs? ❑ O_2 ❑ Wheelchair ❑ Stretcher ❑ Ambulance ❑ Other:

Does the patient need an interpreter? ❑ Yes Language: | Family physician:

REFERRAL INFORMATION

Cancer type: ❑ Ductal Carcinoma In situ ❑ Invasive carcinoma ❑ Metastatic * ❑ Inflammatory * ❑ Locally advanced *

* If locally advanced, inflammatory or metastatic breast cancer, markers (ER/PR and Her2 neu) must be requested on core biopsy

Suggested priority: ❑ Standard ❑ Urgent Reason for urgency: _____

Comments

CLINICAL INFORMATION

	Date (yyyy/mm/dd)	Institution
Core Biopsy/Fine Needle Aspiration		
Breast Cancer Surgery (mastectomy/breast conserving surgery)		

Is further surgery planned? ❑ No ❑ Yes If yes, for: ❑ Sentinel nodes ❑ Margins ❑ Other:

Reports requested	Attached	OACIS	Pending
Operative:			
Surgical	❑	❑	❑
Other procedure: _____	❑	❑	❑
Pathology:			
Core biopsy(s)/Fine needle aspiration	❑	❑	❑
Surgical pathology	❑	❑	❑
ER/PR	❑	❑	❑
Her2 neu	❑	❑	❑

Reports requested	Attached	OACIS	Pending
Imaging:			
Mammogram(s)	❑	❑	❑
Breast ultrasound (U/S)	❑	❑	❑
Chest-Poitrine CT Xray	❑	❑	❑
Abdomen CT U/S	❑	❑	❑
Bone scan	❑	❑	❑
Magnetic Resonance Imaging	❑	❑	❑
Echo/LV gated/MUGA	❑	❑	❑

Date markers ordered: **Other tests completed:**

REFERRING PHYSICIAN

Please ensure that the patient has been informed of the referral to the Cancer Centre.

Printed name	Signature	Date (yyyy/mm/dd)	Telephone	Fax

CENTRE OFFICE USE ONLY

Appointment	Physician	Date (yyyy/mm/dd)	Time	Module