The Ottawa Hospital | L'Hôpital d'Ottawa

CANCER PROGRAM REFERRAL

Help us speed up your patient's journey:

Step 1: Ensure the minimum referral criteria is met (See Referal Guide CLN 114 A for the disease site you check off in the table below).

Step 2: Fax your completed form and the minimum referral clinical information to The Ottawa Hospital's Cancer Program's Intake Office according to section C below.

Patients will be notified of receipt of referral within 14 days.

A) PATIENT INFORMATION (ALL fields mandatory)

Please affix label or plaque above if neccessary

Last name	First name	Middle name	Init.	Previous last name

Date of Birth	Provincial Insurance no.	Version	Expiry Date	Gender	**TOH MRN** (if applicable)
				❑ F ❑ M	

Address	City	Postal Code	Home phone	Other phone

Alternate contact	Relationship	Home phone	Other phone

Preferred Language: ❑ English ❑ French ❑ Other: Translator needed: ❑ Yes ❑ No If yes, specify language:

Special Needs: ❑ None ❑ Wheelchair ❑ Portable Oxygen

Patient arriving from: ❑ Home ❑ Hospital ❑ Nursing Home/Long Term Care
Arriving by: ❑ Ambulance ❑ Other:

❑ Confirmation that this patient has been informed of being referred to the Cancer Program
❑ If diagnosed, confirmation this patient has been notified of diagnosis

TRANSFER OF CARE from:

B) Clinical Information/Reason for Referral: ❑ Consult for suspicion of cancer ❑ Consult for diagnosed cancer

Biopsy performed? ❑ No ❑ Yes (date & attached following report): _____

C) The Ottawa Hospital's Cancer Program's Intake Offices (Surgical Assessment)

❑ **Breast (Breast Health Centre):**
F: 613-761-4994 T: 613-761-4400

❑ **Thoracic (lung, esophageal, gastro-esophageal junction)**
F: 613-737-8643 T: 613-737-8501

❑ **Colorectal** F: 613-737-8643 T: 613-737-8501

❑ **Prostate** F: 613-737-8643 T: 613-737-8501

❑ **HPB (Hepato-Pancreato-Biliary) Oncology:**
F: 613-739-6854 T: 613-739-6979

❑ **General Surgical Oncology (Gastric, GIST, Sarcoma, Melanoma, GI Carcinoids, Abdominal Masses NYD)**
F: 613-737-8659 T: 613-737-8899 ext. 71619

❑ **Head and Neck**
F: 613-739-6851 T: 613-737-8899 ext. 75076

❑ **Orthopedic Oncology:**
F: 613-737-8150 T: 613-737-8213

❑ **Gynecology Oncology:**
F: 613-738-8230 T: 613-738-8400 ext. 81746

❑ **Urologic Oncology (bladder, kidney, testes):**
F: 613-739-6678 T: 613-737-8899 ext. 71203

❑ **Malignant Hematology (Lymphoma, Multiple Myeloma, Leukemia):**
F: 613-737-8861 T: 613-737-8899 ext. 72444

Direct to Radiation Oncology and/or Medical Oncology (A confirmed malignancy from a pathology report is required): F: 613-247-3516 T: 613-247-3525

Breast: ❑ Invasive ❑ Locally advanced ❑ DCIS ❑ Inflammatory

❑ Central Nervous System (CNS) ❑ Dermatology/Melanoma ❑ Lymphoma (Rad Onc) ❑ Rapid Palliative

❑ Gastrointestinal (GI) ❑ Sarcoma ❑ Head & neck

❑ Genitourinary (GU) ❑ Endocrine ❑ Unknown primary

D) PHYSICIAN INFORMATION Family Physician ❑ Referring physician same as family physician

Referring Physician (printed name)	Signature	Date	Phone Number	Fax Number	Billing Number