

DERMATOLOGY ONCOLOGY REFERRAL

PATIENT DEMOGRAPHICS: name/DOB/Health card/Address

Check if applicable:

- Transplant patient
- Gorlin syndrome (Nevoid Basal Cell Carcinoma)

Rule out Skin Cancer.

Site: _____

- Melanoma
- BCC
- SCC
- Cutaneous Lymphoma
- Cutaneous Metastasis
- Other: _____

Management of Biopsy Proven Skin Cancer. Please attach histopathology Report.

Site: _____

Size: _____

- Melanoma
- BCC
- SCC
- Other

Cutaneous lymphomas. Please attach histopathology report and test results (to date).

Site: _____

- Mycosis fungoides
- T cell lymphoma
- B cell lymphoma
- Other

Cutaneous reaction to chemotherapy

- The rash will delay future cancer treatments
- Treatment has been started
 - If so, what treatment? _____

Referring Physician information & Family Physician

Name/Address/Fax/OHIP number