Oncology New Patient Referral Form
GENITOURINARY

Please complete ALL information and include all related reports with this request:

Oncology Clinic

1800 8th St E, Owen Sound
Phone: (519) 372-3922
Fax: (519) 372-3940

PATIENT INFORMATION:		
Last Name:	First Name:	Initials:
Address:	Apt.:	City, Town, Village:
Postal Code:	Primary Phone #:	Secondary Phone #:
Date of Birth (yyyy-mm-dd):	Age:	Gender:
Health Card #:		

REFERRAL INFORMATION:		
Referring Physician:	Phone #:	Fax #:
Family Physician:	Phone #:	Fax #:

DIAGNOSIS:

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CLINICAL INFORMATION:

Operative Procedures:

□ Done at Brightshores-Owen Sound □ NOT done at Brightshores-Owen Sound *(please send Operative Notes with referral)

Pathology:

□ On Brightshores-Owen Sound chart □ Pathology done elsewhere *(please send with referral)

Imaging Reports: □ Done within Brightshores Health System *If not, please send reports with referral

□ CT Scans ____

□ X-Ray ____

□ Ultrasound ____

□ MRI ____

□ Bone Scan ____

□ Mammogram ____

□ Other ____

□ Muga Scan ____

Lab work: □ Done within Brightshores Health System □ NOT done within Brightshores Health System *(please send with referral)

Consultation Note(s): □ Dictated

Clinic Appointment:	
Physician Notified:	Patient Notified:
Comments:	

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Referrals must be accompanied by:

- ☐ Pathology reports documenting cancer diagnosis
- ☐ A consultation letter highlighting presenting signs, symptoms and findings
- ☐ Completed referral form
- ☐ ***If tests/reports are in progress, please note the date of the procedure and location in which it is being done**. Our wish is to process ASAP.

The following is important **Cancer Site Specific Information** required for staging and is important to ensure patients can be started on treatment as quickly as possible.

For information on sites not listed please call the Oncology Clinic at (519) 372-3922.

GENITOURINARY CRITERIA:

PROSTATE CANCER:

- ☐ PSA
- ☐ TESTOSTERONE
- ☐ BONE SCAN

TESTICULAR CANCER:

- ☐ CT CHEST/ABDO/PELVIS, LAB
- ☐ TESTS: HCG, AFP, LDH

BLADDER CANCER:

- ☐ CT ABDO/PELVIS

KIDNEY CANCER

- ☐ BONE SCAN
- ☐ CT CHEST/ABDO/PELVIS

Patients remain under the care of the referring physician until seen by the Oncologist at our Clinic.

Rev. October 2024