



# Oncology New Patient Referral Form

## HAEMATOLOGY

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

- |   |  |
|---|--|
| <input type="checkbox"/> CT Scans _____   | <input type="checkbox"/> X-Ray _____     |
| <input type="checkbox"/> Ultrasound _____ | <input type="checkbox"/> MRI _____       |
| <input type="checkbox"/> Bone Scan _____  | <input type="checkbox"/> Mammogram _____ |
| <input type="checkbox"/> Other _____      | <input type="checkbox"/> 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.**

### HEMATOLOGY:

#### LYMPHOPROLIFERATIVE DISORDER: LYMPHOMA

- TISSUE BIOPSY WITH FLOW CYTOMETRY OF TISSUE
- CBC+DIFF, LDH, CR, LYLES, MAG, ALBUMIN, HEP B, HEP C, LFT'S, URIC ACID, CALCIUM, BUN
- CT CHEST/ABDO/PELVIS (NECK IF ENLARGED NODES)

#### CLL:

- ADD PERIPHERAL FLOW CYTOMETRY TO ABOVE BLOOD WORK

#### CML:

- ADD BCR/ABL TO ABOVE BLOOD WORK

#### MULTIPLE MYELOMA/MGUS:

- CBC+DIFF, LDH, CR, LYLES, MAG, ALBUMIN, CALCIUM, BUN, SPEP/IF, SFLCA, 24 HOUR URINE FOR BENCE JONES
- SKELETAL SURVEY

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