



# Oncology New Patient Referral Form

## BREAST

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)-378-1448

### 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:

\_\_\_\_\_

\_\_\_\_\_

### CLINICAL INFORMATION:

#### Operative Procedures:

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

#### Pathology: \*Note: If Breast Cancer – Estrogen/Progesterone Receptors MUST be back

- 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.**

### BREAST:

- History/Physical
- ALL O.R. notes
- ALL Pathology
- ER/PR Receptors
- Her2-neu results
- Mammogram/MRI/ Ultrasound reports

### CRITERIA:

- MUST HAVE ER/PR/HER2-NEU RECEPTORS BACK, UNLESS LOCALLY ADVANCED.
- REQUEST FOR Ki67 TESTING TO BE COMPLETED ON ORIGINAL BIOPSY.

### DCIS:

- NO ONCOLOGY CONSULT NEEDED UNLESS ER POSITIVE.
- IF CONSULT NOT INDICATED FOR MEDICAL ONCOLOGY, PLEASE REFER TO RADIATION ONCOLOGY IF THEY HAVE HAD BREAST SPARING SURGERY.

### STAGE 1:

- NO ADDITIONAL INVESTIGATIONS

### STAGE 2 & 3:

- SEND FOR PET SCAN (COVERED BY CCO) IF STAGE 2B-(a) T2 N1, (b) T3 N0, STAGE 3.

### STAGE 4:

- BONE SCAN
- CT CHEST/ABDO/PELVIS

### \*REFER FOR NEO-ADJUVANT THERAPY IF:

- TRIPLE NEGATIVE CANCER (ER/PR/HER2-NEU ARE NEGATIVE) AND THE TUMOUR IS  $\geq 2$ CM OR  $\geq N1$
- HER2-NEU POSITIVE CANCER AND THE TUMOUR IS  $>1$ CM OR NODE POSITIVE
- ER/PR POSITIVE AND THE TUMOUR IS T3 OR NODE POSITIVE.
- $<60$  YEARS OF AGE AND THE TUMOUR IS BETWEEN 2-5CM AND Ki67 IS  $>20\%$

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