Humber River Hospital
Lighting New Ways in Healthcare™

CANCER CARE CLINIC
REFERRAL FORM

1235 Wilson Ave., Toronto, ON M3M 0B2

Cancer Care Clinic Phone: 416-242-1000 ext. 21500 **Cancer Care Clinic Fax:** 416-242-1068

Date of Referral: _____ **Cancer Diagnosis:** _____

NOTE: The following information **MUST BE INCLUDED** with this referral:

☑ Consult notes ☑ Imaging results ☑ Operative report ☑ Pathology report (include tumor markers)
☑ Current medication list ☑ Recent bloodwork ☑ **COVID Test Done:** Yes___ No___ Result_____ Date of Test_____

Referral Source: ☐ HRH Breast Health Clinic ☐ Family Physician ☐ Oncologist Office ☐ Other

Patient Information (please print clearly):

Last Name: **First Name:**		**Patient Known to HRH?** ☐Yes ☐ No **MRN/H# (if available):**
Date of Birth:	**Health Card Number:**	**Version Code:**
Home Address:		
City:	**Province:**	**Postal Code:**
Home Phone:	**Cell Phone:**	**Work Phone:**
Alternate Contact:	**Relationship to Patient:**	**Phone:**

Language Spoken: _____ **Interpreter Required?** ☐ Yes ☐ No

Reason for Referral (check all that apply):

☐ New cancer diagnosis *Date of Diagnosis*: _____
☐ Secondary cancer diagnosis *Date of Diagnosis*: _____
☐ Recurrent disease ☐ Progressive/malignant disease ☐ Clinical trials
☐ Other (specify): _____

Relevant Clinical Information: **(FAX all reports, consult notes, previous cancer related treatment reports (chemotherapy or radiation), bloodwork, imaging results, list of current medications with this referral)**

Referring Physician Information (please print clearly):

Referring Physician:	**Billing Number:**	**Phone Number:** **Fax Number:**
Family Physician:	**Phone Number:**	

(For HRH Cancer Clinic Use Only):

Referral To: (specify Oncologist/Hematologist) _____

Referral Received On:	**Appointment Date and Time:**	**Name of HRH Oncologist:**
Patient Teaching (*book AFTER oncologist consult)* ***Teaching must be booked prior to first treatment visit***	**Date of Patient Teaching Booked:**	**Time of Patient Teaching Booked:**
Staff Name:	**Signature:**	**Date:**

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