



<https://www.lakeridgehealth.on.ca/en/ourservices/cancercaresp>

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YY

|  |  |  |                                |   |  |
|--|--|--|--------------------------------|---|--|
| Patient's last name  |  | Patient's first name                     |                                | Is the patient currently in hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, please call the oncologist on call (905-576-8711 X3200).</b> |  |
| Street (Apt)   |  | City                                     | Postal Code                    | Birth date<br>____/____/____ <input type="checkbox"/> M <input type="checkbox"/> F<br>DD MM YY  |  |
| Home ( )   | Work ( )   | Cell ( )                                 |                                | Email address   |  |
| Health Card # (include version code)                         |  |  |                                | Health Card expiry date   |  |
| Referring Physician (Last name, First)<br><b>(MANDATORY)</b> | Referring Physician Billing Number<br><b>(MANDATORY)</b> | ( )<br>Telephone #<br><b>(MANDATORY)</b> | Patient's Next of Kin<br>Name: |   |  |
| Family Physician Name  | Family Physician Billing Number                          | ( )<br>Telephone #                       | Phone #                        |   |  |

**Urgency for Assessment:**

Routine (Oncology patients will receive an appointment within 14 days)

Urgent (within 7 days). Please provide reason for expedited request: \_\_\_\_\_) Triage physician will review and consider.

Emergent – **Must talk to the oncologist on call ( 905-576-8711 X3200) or direct patient to the emergency department**

|   |  |
|---|--|
| <p><b>REQUESTED SERVICE</b></p> <p><input type="checkbox"/> Medical Oncology</p> <p><input type="checkbox"/> Radiation Oncology</p> <p><input type="checkbox"/> Hematology</p> <p>For palliative care referrals, please use the palliative care referral form found on our website.</p> <p><b>Is patient aware of referral? (MANDATORY)</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please advise patient <i>before</i> referring.</p> | <p><b>PRIMARY SITE</b></p> <p><input type="checkbox"/> Breast** <input type="checkbox"/> Gynecology <input type="checkbox"/> Skin (non-melanoma)</p> <p><input type="checkbox"/> Gastrointestinal (GI)** <input type="checkbox"/> Lung ** <input type="checkbox"/> Unknown Primary</p> <p><input type="checkbox"/> Genitourinary (GU)** <input type="checkbox"/> Melanoma <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Malignant Hematology</p> <p><input type="checkbox"/> Benign Hematology (routine booking times vary across sites).</p> <p>**For patients <u>without</u> a confirmed diagnosis, you may wish to consider referral to a Diagnostic Assessment Program (DAP) in your area. Please see DAP referral form on our website.</p> <p><b>PLEASE NOTE: WE DO NOT TREAT SARCOMA, OR PRIMARY CNS CANCERS</b></p> |
|---|--|

**REASON FOR REFERRAL & DIAGNOSIS**

**PLEASE ATTACH ALL PERTINENT DOCUMENTS** (see disease site specific referral guidelines at the end of this form)

Consult notes

Diagnostic imaging reports

Labs

Pathology reports (Tissue diagnosis is preferred but is **not** mandatory. Referrals of patients without pathology but with suspicious imaging will be reviewed.) If a pathology report is not available, please provide details. \_\_\_\_\_

**ARE ANY RESULTS STILL PENDING**  Yes  No

If yes, please provide details on specific results pending, including dates and locations. \_\_\_\_\_

**Note: This patient remains under the care of the referring physician until seen by an oncologist within the Central East Regional Cancer Program.**

\_\_\_\_\_  
Signature of Referring Physician (MANDATORY)

**GENERAL INFORMATION**

- **It is expected that the patient has been informed of their diagnosis of cancer before a referral is made.**
- Our routine practice is to schedule your patient to see the next available oncologist with appropriate expertise within 14 days of the referral.
- If a specific physician or location is indicated on the referral, we will attempt to make these arrangements. However, it may be necessary to book with the next available oncologist.
- **Our team contacts new patients directly to inform them of their appointment details.**
- You will receive a fax when the appointment has been confirmed with the patient.
- **Referral guidelines are available** on the cancer care pages of the Lakeridge Health website or can be provided by contacting the referral office.
- Referrals are processed centrally through the R.S. McLaughlin Durham Regional Cancer Centre, but our oncology team provides care at the following locations:

| Location   | Services Provided |                    |                     |
|--|-------------------|--------------------|---------------------|
|  | Clinic Visits     | Systemic Treatment | Radiation Treatment |
| <b>R.S. McLaughlin Durham Regional Cancer Centre</b> , Lakeridge Health, 1 Hospital Court, Oshawa, ON, L1G 2B9 | X                 | X                  | X                   |
| <b>Peterborough Regional Cancer Clinic</b> , 1 Hospital Drive, Peterborough, ON, K9J 7C6                       | X                 | X                  | X                   |
| <b>Northumberland Hills Hospital</b> , 1000 Depalma Dr., Cobourg, ON, K9A 5W6                                  | X                 | X                  |                     |
| <b>Scarborough Rouge Valley, Centenary Hospital</b> , 2867 Ellesmere Road, Toronto, ON, M1E 4B9                | X*                |                    |                     |
| <b>Lakeridge Health Ajax site*</b> , 580 Harwood Avenue South, Ajax, ON, L1S 2J4                               | X*                |                    |                     |
| <b>Ross Memorial Hospital*</b> , 10 Angeline St. N., Lindsay, ON, K9V 5B7                                      | X*                |                    |                     |

\*Only radiation oncology clinics operate at these sites.

**CENTRAL EAST REGIONAL CANCER PROGRAM REFERRAL GUIDELINES**

| <b>DISEASE SITE</b>                   | <b>PATIENTS APPROPRIATE TO REFER</b>  | <b>TESTS REQUESTED</b>   | <b>PROVIDE IF AVAILABLE</b>  |
|---------------------------------------|---|--|--|
| Adrenocortical/<br>Sarcomas           | Expertise limited, refer to UHN or <b>Sunnybrook</b>  |  |  |
| Anal cancer                           | Suspicion or diagnosis of anal cancer   | Pathology report   | CT scan, MRI (pelvis)  |
| Bladder                               | Suspicion of or confirmed diagnosis of invasive or metastatic bladder cancer  | Transurethral resection of the bladder tumour (TURBT) pathology report or biopsy   | Imaging reports<br>Pathology report  |
| Breast                                | Confirmed diagnosis of breast cancer or evidence of metastatic or recurrent disease. (For patients with an undiagnosed breast lump, please refer to Breast Assessment Program)  | Mammogram, operative report if surgery has been done, pathology report – <b>please request ER/PR/Her2 on the specimen</b> (core biopsy and/or surgical pathology)                                      | Imaging or diagnostic reports  |
| Colorectal                            | Suspicion of or diagnosis of colorectal cancer  | Pathology report   | CT scan, CEA value, endoscopy<br>For rectal ca, MRI (pelvis)   |
| Esophageal/<br>Gastric                | Biopsy proven or high grade dysplasia   | Pathology report   | CT scan, endoscopy   |
| Gynaecology                           | Suspected or confirmed diagnosis  | Biopsy pathology if available  | Biopsy +/- surgical pathology, operative report, pelvic ultrasound, CT scan, CA125   |
| Hepato-<br>Pancreato-Biliary (HPB)    | Suspected or confirmed diagnosis  | CT scan (chest, abdomen and pelvis), biopsy pathology if available   | Surgical pathology and endoscopy   |
| Kidney                                | Confirmed diagnosis of <b>metastatic</b> kidney cancer  | CT scan (chest, abdomen and pelvis)  | CT scan, relevant MRI (abd & pelvis), ultrasound (abd & pelvis), operative report, surgical pathology (previous nephrectomy)   |
| Lung                                  | Suspicious nodule(s)/lesions/mass on CT thorax. If <b>solitary</b> lesion (or no evidence of metastasis), refer to Thoracic DAP   | CT scan (thorax and abdomen)   | Pathology report<br>Pulmonary Function Test<br>PET scan  |
| Prostate                              | Diagnosis of prostate cancer  | PSA reports (current and previous), pathology report if biopsy <b>but</b> if no biopsy, PSA elevation and imaging  | Prostate ultrasound report (done at biopsy)<br>Imaging   |
| Skin<br>(Melanoma or<br>Non-Melanoma) | Biopsy proven   | Biopsy pathology (not required for keloid)   | Surgical pathology, reports on all surgical procedures, wide excision pathology with any applicable operative reports, CBC, LFTs, sentinel lymph node biopsy with any applicable operative reports |
| Testes                                | Diagnosis or suspicion of testicular cancer   | Ultrasound of testes, serum tumour makers (beta HCG, LDH, AFP), primary pathology from orchiectomy or biopsy of metastatic disease ( <b>but</b> will see if markers elevated without biopsy/pathology) | CT scan<br>Chest x-ray<br>Operative report   |
| Unknown                               | Biopsy proven or imaging strongly suspicious for malignancy   | Pathology report if biopsied<br>CT imaging if biopsy not available   | Mammogram (women), upper/lower endoscopy, CT, bone scan, CA125, CEA, CA19-9  |
| All other                             | Biopsy proven   | Pathology report   |  |
| <b>HEMATOLOGY</b>                     |   |  |  |
| Myeloma/ MGUS                         | Positive for monoclonal protein or Bence jones protein  | SPEP, UPEP, CBC, creatinine, calcium   | Imaging reports, pathology report  |
| Lymphoma                              | Diagnosis of lymphoma   | Pathology reports  | Imaging reports  |
| Other/Suspected hematologic ca        | Unexplained cytopenias, abnormal blood counts, splenomegaly, suggestive symptoms  | CBC  | Imaging reports, pathology report, other labs  |
| Benign Hematology                     | Thromboembolism (DVT/PE), bleeding symptoms/disorders, hemolytic disorders, isolated thrombocytopenia, iron overload, sickle cell disease or hemoglobinopathies. Please send CBC and other relevant blood work, imaging (for DVT/PE). |  |  |