Northeast Cancer Centre
Health Sciences North
a Cancer Care Ontario partner

Centre de cancérologie du Nord-Est
Horizon Santé-Nord
un partenaire d'Action Cancer Ontario

NEW PATIENT REFERRAL FORM

Northeast Cancer Centre
41 Ramsey Lake Road
Sudbury, ON P3E 5J1
Phone: 705-523-7305
Toll free: 877-228-1822 ext. 7305

Please complete with supporting documentation and
FAX to: 705-523-7319

PATIENT INFORMATION (Please Print)

Surname:		Given Name(s):	
Date of Birth: _____/_____/_____ dd mm yy	Gender: ☐ Male ☐ Female	OHIN# (with Version Code):	
Address:		City / Province:	Postal Code:
Phone (home):	Phone (work):	Phone (cell):	
Patient Location: ☐ Home ☐ Hospital ☐ Other (specify) _____			
Alternate Contact Name:	Relationship:	Phone:	
Family Doctor:	Phone:	Fax:	

Cancer Program will notify patient of appointment.

CLINICAL INFORMATION

Urgent Referrals:	If the patient needs urgent assessment, contact the New Patient Office at **705-523-7305** and speak to the Oncologist on-call.

Diagnosis:

Date of Last Surgery/Bx: _____/_____/_____ dd mm yy Further Surgery/Bx Planned: ☐ Yes ☐ No Specify: _____	Patient Informed of Diagnosis: ☐ Yes ☐ No ☐ New Diagnosis ☐ Recurrent/Progressive Disease ☐ Follow-up ☐ Adjuvant Endocrine Therapy (AET) Review

The following patient information is required to avoid delays in processing this referral:

Final Confirming Pathology* Consult and Progress Notes	History and Physical Surgical Report	Discharge Notes All Related Lab Work	Imaging Reports

***Pathology may not be required for a Radiation Oncology referral for palliative radiation. Pathology may not be required for a Medical Oncology referral at the discretion of the Medical Oncologist on-call.**
No clinical information is required for AET Review.

REFERRING PHYSICIAN

Referring Physician's Name (Print):	Billing #:
Phone:	Fax:
Signature / Stamp of Referring Physician **(Mandatory)**:	Date: _____/_____/_____ dd mm yy

Print