

Bluewater Health

Cancer Care Assessment and Treatment Centre

Patient Name: _____

PHYSICIAN REFERRAL FORM

DOB (dd/mm/yy): <input type="checkbox"/> M <input type="checkbox"/> F	Referring Physician:
Address: _____ City: _____	Telephone: _____ Fax: _____
Postal Code: _____	Physician Signature: _____
HCN & VC: _____	Family Physician/ Nurse Practitioner: _____
Telephone 1: _____ Telephone 2: _____	Patient notified of referral to DAP: <input type="checkbox"/> Yes <input type="checkbox"/> No Patient aware of cancer risk: <input type="checkbox"/> Yes <input type="checkbox"/> No Referred to Medical Oncology <input type="checkbox"/> Yes <input type="checkbox"/> No Patient aware of Pathology <input type="checkbox"/> Yes <input type="checkbox"/> No

History of presenting illness / concern: _____

Pertinent Health History: Other: _____
 Coronary Artery Disease/CHF Liver Cirrhosis COPD on home Oxygen CVA/TIA
 Diabetes Anti Coagulation Kidney Dialysis Prosthetic Valve/Previous Endocarditis

COLORECTAL DIAGNOSTIC ASSESSMENT PROGRAM

- FOBT+** (Please fax report with referral) **Family History** (First degree relative with CRC)
- Yes No Abdominal examination performed
 Yes No P.R. examination performed
 Yes No A definite abdominal or palpable rectal (not pelvic) mass on PR examination
 Yes No Rectal bleeding with a change in bowel habit to looser stools and/or increased frequency of defecation – persistent for 6 weeks
 Yes No Iron deficiency anemia without an obvious cause (Hb < 11 g/dl in men or < 10 g/dl in postmenopausal women plus low ferritin)
 Yes No Rectal bleeding **without** anal symptoms (*anal symptoms include: soreness, discomfort, itching lumps and prolapsed as well as pain*)
 Yes No Change in bowel habit to looser stools and/or increased frequency of defecation, **without** rectal bleeding – persistent for 6 weeks

Recent colonoscopy: No Yes If yes, Date: _____ Location: _____

Referral for Endoscopist or Surgical Consultation (Preferences honoured provided consultation occurs within 14 days)

Preferred Endoscopist or Surgeon: First Available **or** Dr. R. Kareemi Dr. R. Suryavanshi
 Dr. A. Muhunthan Dr. P. Taylor
 Dr. A. Rudovics Dr. R. Syan
 Dr. A. Cornila

Fax completed form to 519-346-4608
CCATC Direct Line 519-464-4485