



## CAPE BRETON CANCER CENTRE PATIENT REFERRAL FORM

- Medical Oncology     
  Radiation Oncology     
  Hematology     
  Uncertain  
 Referral   
  Re-Referral (patient previously seen at CBCC)   
 Date of Referral (YYYY/MON/DD): \_\_\_\_\_

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D.O.B.
(Last)                      (First)                      (Initial)	(YYYY/MON/DD)	
HCN:	Patient Location:	
Address:		
(Street)                                      (City)	(Province)	(Postal Code)
Home Phone:	Alternate Phone:	
Referring Physician: <i>(please print)</i>	Phone:	
Family Physician: <i>(please print)</i>	Phone:	

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the patient aware of Cancer diagnosis?     Yes     No

**FOR URGENT REFERRALS** Please contact the Oncologist On-Call CBRH Switchboard: 902-567-8000

**FAX your referral letter with supporting documentation and reports to: 902-567-3284**

Please identify the information accompanying this referral (*note: in order to process this referral efficiently, please provide us with as much supporting documentation as possible*)

- Referral Letter                                     
  Laboratory Reports                                     
  Surgical Reports  
 Pathology Reports                                     
  Discharge Summary                                     
  Diagnostic Imaging Reports  
 Other: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

### SPECIAL PATIENT CONSIDERATIONS

<input type="checkbox"/> Requires Accommodation (HR)	<input type="checkbox"/> Requires Interpreter / Dialect Specify:	<input type="checkbox"/> Patient and Family Counseling Referral	<input type="checkbox"/> Tobacco Cessation Counseling
Other Special Needs: (sight / hearing / physical impairment / precautions such as MRSA / latex allergy, etc.)			

**Confidential Fax Warning:** Documents accompanying this transmission contain confidential information intended for a specific individual and purpose. This information is private and protected by law. If you are not the intended recipient and have received this communication, please notify sender by phone. Number of pages faxed \_\_\_\_\_.

