

LUNG DIAGNOSTIC ASSESSMENT PROGRAM (Lung DAP)

(Moderate to high suspicion of malignant disease)

PHYSICIAN REFERRAL FORM

Patient Details		Physician Details	
Name	Health Card	Name	Phone
Date of Birth	Phone	Fax	Address 1
Address 1	Address 2	Address 2	
Presenting Illness/Reason for Referral:			
Pulmonary nodules or mass suspicious for malignancy Mediastinal or hilar adenopathy Non-resolving pleural effusion with suspicion of malignancy Persistent non-massive hemoptysis Non-resolving pneumonia or consolidation despite antibiotics			
Please fax us the following information:			
Completed referral form CT Chest report (Please order a CT Chest if not already completed. Patients will not be seen in clinic without a completed CT Chest.) Recent blood work, PFT's or other imaging reports List of current medications (including ALL anticoagulants, antiplatelets, NSAIDS and bronchodilators) Past medical history			
Patient Aware of Referral?		Yes	No
Patient Aware of Potential Cancer Diagnosis?		Yes	No
Physician Printed Name:		Date: (yyyy/mm/dd)	
<hr/>			
Physician Signature:			
<hr/>			
Fax Number: (613) 546-8225 - Email: dap@kingstonhsc.ca Lung DAP h Navigator kV Telephone: (613) 544-3400 x 2474 *Please see page 2 for entry criteria*			
DAP Office Use Only <input type="checkbox"/> NN Consult <input type="checkbox"/> Access Tool			

LUNG DIAGNOSTIC ASSESSMENT PROGRAM (Lung DAP)

(Moderate to high suspicion of malignant disease)

Lung Diagnostic Assessment Program Entry Criteria:

- A solitary pulmonary nodule or mass
- A non-peripheral pulmonary nodule or mass
- Multiple pulmonary nodules
- Mediastinal hilar adenopathy
- Hoarseness with lung mass or adenopathy
- Non-resolving pleural effusions with lung lesions
- Pancoast tumor (pain in shoulder area/arms, drooping eyelid, tumor in superior sulcus of lung)
- Lung mass with obvious metastatic disease (bone pain, jaundice, weight loss greater than 10% body weight)
- Persistent non-massive hemoptysis
- Known lung malignancy
- Superior vena cava (SVC) syndrome/obstruction
- Slowly or non-resolving pneumonia or consolidation (pneumonia non-responsive to antibiotics) and suspected lung cancer
- Patients with radiographic abnormality and infectious symptoms should receive one cycle of antibiotics and a follow-up chest x-ray after one month. If not resolved after one month follow-up and lung cancer suspected, the patient should be referred to the lung DAP.

***Please note:** Massive hemoptysis, stridor and/or new neurological signs suggestive of brain metastases or spinal cord compression are not appropriate reasons for referral into a lung DAP. Patients with these symptoms should be sent directly to the emergency department.

Legend

CT – Computed Tomography
PFT – Pulmonary Function Test