

URGENT REFERRAL FOR POSSIBLE LUNG CANCER

Toronto General Hospital | Tel: 1- 877- LUNG 911 (5864-911) | Fax: (416) 340- 3353 | Email: stanislav.slavutsky@uhn.ca

PATIENT INFORMATION			
Last Name:	First Name:	Date of Birth (dd/mm/yyyy):	Gender: M F
Health Card #:	Version:	Patient Location Details (Home/Inpatient):	Previous UHN Patient: Yes No MRN, if Known:
Street Address:			
City:		Province:	Postal Code:
Phone (Home):	Phone (Cell):	Phone (Work):	
Alternate Contact Name:	Relationship:	Phone (Home/Cell):	
Referring Physician Name:	Referring Physician Billing Number:	Referring Physician Phone:	Referring Physician Fax:
Referring Physician Email:	Family Physician Name:	Family Physician Phone:	Family Physician Fax:

Referral to: <input type="checkbox"/> LungRAMP Program (Earliest Available) or	<input type="checkbox"/> Dr G Darling	<input type="checkbox"/> Dr S Keshavjee	<input type="checkbox"/> Dr M de Perrot	<input type="checkbox"/> Dr K Czarnecka
	<input type="checkbox"/> Dr A Pierre	<input type="checkbox"/> Dr T Waddell	<input type="checkbox"/> Dr K Yasufuku	<input type="checkbox"/> Dr M Cypel
	<input type="checkbox"/> Dr L Donahoe	<input type="checkbox"/> Dr J Yeung		

Please FAX consultant notes including HISTORY OF PATIENT, BLOOD WORK and CURRENT MEDICATIONS, X-RAY, CT SCAN, PATHOLOGY/CYTOLOGY & other PERTINENT REPORTS. **Patients MUST ARRIVE ON TIME and bring with them their HEALTH CARD and X-RAY OR CT-SCAN IMAGES.**

The Problem: (Reason to suspect Lung Cancer)

<input type="checkbox"/> Chest X-ray Suspicious of Lung Cancer	<input type="checkbox"/> Smoker
<input type="checkbox"/> Chest CT-scan Suspicious of Lung Cancer	<input type="checkbox"/> Non Smoker
<input type="checkbox"/> Clinical Symptoms Suspicious of Lung Cancer	<input type="checkbox"/> Former Smoker
<input type="checkbox"/> FNA positive for Lung Cancer	

Other specify : _____

Please send SUSPICIOUS IMAGING IF AVAILABLE WITH PATIENT

Date of Patient's initial consult with referring physician: _____
(mm/dd/yyyy)

Signature of Referring Physician (Mandatory) _____ **Date:** ____/____/____