



PATIENT REFERRAL FORM

Outpatient Oncology New Patient Referral
 Brant Community Healthcare System
 200 Terrace Hill Street, Brantford ON, N3R 1G9
 Please **COMPLETE ALL INFORMATION** and **FAX TO 519-751-5588 WITH ALL RELATED REPORTS.**

www.bchsys.org/cancerclinic/

Please Print

Patient's Name:		M	F	Date of Birth (dd/mm/yy):	
Health Card Number or non-OHIN information:		Version Code:		Language (if English not spoken):	
Address:					
City:		Province:		Postal Code:	
Phone (primary):		Phone (secondary):			
Patient Location: Home Institution _____ Institution/Inpatient Unit/Unit Extension					
Alternate Contact:		Relationship:		Phone:	
Referring Physician:		Fax:		Phone:	
Family Physician:		Fax:		Phone:	
NOTE: This patient remains under the care of the referring physician until seen by an Oncologist at JCC					
Diagnosis:		Emergency/ Urgency:		SVC Obstruction Cord Compression Bleeding	
		Patient Informed of Diagnosis: YES NO		ARO Status: MRSA Pos VRE Pos Unknown	
Requested Service(s): Medical Onc Surgical Onc Radiation Onc Supportive Care (reason below)		Primary Site: Breast CNS G.I. G.U. Hematology Gyne Head & Neck Lung Sarcoma Autologous HSCT Melanoma Skin (Non-Melanoma) Genetics Allogenic HSCT			
Reason: _____		Other (specify): _____			
Reason for Consultation: New Diagnosis Recurrent/Progressive Disease 2nd Opinion Telemedicine Request		Comments:			
Previous Cancer Treatment: YES NO Facility: _____		Chemotherapy Other: Radiation			
Investigations Scheduled (including Date & Testing facility):		Investigations Completed and Faxed / Available Electronically:			
		Reports:		Faxed Clinical Connect	Radiology: Faxed OneView
		Referral Letter/H&P			X-Ray
		Operative/Scopes			Ultrasound
		Pathology Reports			Bone Scan
		Blood Work			CAT Scan
		Pulmonary Functions			Mammogram
					Receptors
					MRI
NOTE: ANY missing information MAY DELAY the processing of this referral					
Signature of referring physician (mandatory)				Date (dd/mm/yy)	
We will contact the referring physician with an appointment					