

WFCC OUT-PATIENT ONCOLOGY REFERRAL FORM

Help us speed up your patient's journey;

Step 1: *Ensure the minimum referral requirements are met***

Step 2: **Fax** completed referral form and required clinical information to
New Patient Referrals at **905-682-6452**



Extraordinary Caring. Every Person. Every Time.

Walker Family Cancer Centre

An appointment will be sent to the referring physician

PATIENT INFORMATION

**Patients Name:		**Date of Birth:	
**Health Card Number: VC		Language:	
**Address:	City:	**Province:	Postal Code:
**Home Phone:	Cell:	Work:	
Alternate Contact:		Phone:	Relationship:
**Referring Physician:		**Physician Number:	**Fax:
Family Physician:		Physician Number:	Phone:

CLINICAL INFORMATION

**Diagnosis: _____	**Surgical Procedure/Biopsy Ordered: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Patient Informed of Diagnosis <input type="checkbox"/> YES <input type="checkbox"/> NO	Date:	Location:
**Reason for Consultation: <input type="checkbox"/> New Diagnosis <input type="checkbox"/> Recurrent/Progressive Disease <input type="checkbox"/> 2nd Opinion <input type="checkbox"/> Other		
Comments:		
Previous Cancer Treatment: <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation <input type="checkbox"/> Hormones <input type="checkbox"/> Other		
**If yes, please send flow sheets and treatment schedules		

REQUIRED DOCUMENTS-PLEASE SEND COPY OF ORIGINAL REPORT

****To ensure timely process of this referral please include the minimum reports required****

REPORTS	Included	Pending
Referral letter**		
History&Physical**		
Operative		
Pathology		
Recent Bloodwork**		
Medication List**		

IMAGING	Included	Pending
CT		
MRI		
X-ray/US		
Mammo		
PET		
Nuc Med		

Additional tests ordered: _____

REQUESTED SERVICE

Medical Oncology Malignant Hematology Radiation Oncology Unknown Primary

FOR ONCOLOGY CLINIC USE ONLY

CONTACT INFORMATION

Physician: _____

Orders: _____

WFCC New Patient Referrals
NH-SCS -1200 Fourth Ave, St. Catharines, ON L2S 0A9
Phone: 905-378-4647 Fax: 905-682-6452
Lung/GI/Heme/Unkn Ext: 43804 GU/Brst/Colon/Gyne/Unkn Ext:43805
Skin/Prostate/CCA/Pancr/Unkn Ext: 43808