GRAND RIVER HOSPITAL

GRAND RIVER REGIONAL CANCER CENTRE
NEW PATIENT REFERRAL FORM

Please complete ALL information and include all related reports with this request and FAX to 519-749-4381 (Phone: 519- 749-4370 Ext. 5720)

PATIENT'S PERSONAL INFORMATION

NAME:

Address	Apt. #	City, town, village

Postal Code	Home phone # Business/other phone #	Permission to contact patient at this number?

Date of Birth	Age	Sex: **F** ☐ **M** ☐	Patient currently: Home ☐ Hospital ☐ Where:

HEALTH INSURANCE INFORMATION

Is patient covered under Ontario Health Insurance Plan? ☐No ☐Yes Full name on Health Card: ____________________	Health Card Number	Version code	Exp date

REFERRAL INFORMATION: To be completed and signed by referring physician

Referring Physician's Name:	Physician Billing #:	Tel: ( )	Fax: ( )

Signature of Referring Physician (mandatory) ____________________

Family Physician Name Tel: ( ) Fax: ( )

Reason for Referral:

Diagnosis: Date Diagnosis Discussed with Patient:

Requested Service:

Medical Oncology ☐ Radiation Oncology ☐ Pain and Symptom Management ☐ Other ☐

CLINICAL INFORMATION

Operative Procedures Dates:

Related Information	Sent With Referral	Date completed	Location
Pathology			
Operative reports			
Blood work			
Discharge Summary			
Consultation note(s)			

Imaging	Date Completed OR Date Booked	Location
X-ray		
Mammogram		
CT		
MRI		
Nuclear Medicine		
Ultrasound		

GRH2304 (2005-05-24)

Updated Nov. 2023

Waterloo Wellington
Regional Cancer Program
Ontario Health (Cancer Care Ontario)

Grand River Regional Cancer Centre (GRRCC) New Patient Referral Guide

Referrals must be accompanied by:

- Completed referral form
- A consultation letter highlighting presenting signs and symptoms and findings

Our wish is to process referrals ASAP. If tests/reports are in progress, please note the date of the procedure and the location and send in the referral.

***For Radiation Oncology, referrals without a biopsy or tissue confirmation of cancer will be reviewed by triaging physician and additional information may be requested. Please send all relevant clinical information with referral.**

Disease Site	Patient Appropriate for Referral	Required for Referral	Provide if Available
BREAST	Symptomatic of breast cancer and/or follow up on abnormal mammogram -> referral to Waterloo Wellington Breast Centre	Referral to Waterloo Wellington Breast Centre https://www.grhosp.on.ca/assets/documents/FORM_20231221_BreastImagingRequistion-1.pdf	All recent mammography and breast ultrasound reports and pathology on previous biopsies.
	Biopsy proven breast cancer	• GRRCC Referral form • History and Physical • Mammogram • Operative note • Pathology • ER/PR, HER 2Nu status - completed or pending **For DCIS** - ER/PR, HER2 not required	• U/S • CT Scan • MRI • Previous breast surgery notes and surgical pathology • Bone Scan • Discharge Summary
CENTRAL NERVOUS SYSTEM	Biopsy proven primary brain tumour	• GRRCC Referral form • History and Physical • Pathology • MRI • CT head * for Radiation oncology: MRI **OR** CT head	• Associated consult notes • Discharge summary if applicable • Labs • Operative notes

GASTROINTESTINAL *(esophagus, stomach, colon/rectum, anus, pancreas, liver, biliary tract/gall bladder)*	Biopsy proven cancer or high grade dysplasia
	
	**Liver can be booked without tissue confirmation if MRI positive and AFP high*
		• GRRCC Referral form
		• History and Physical
		• Labs (CEA, CBC, LFT)
		• Imaging for appropriate anatomy (endoscopy, colonoscopy, ERCP)
		• Pathology
		• Tumor markers: (completed or pending)
		    • liver – AFP
		    • Pancreas - 19-9
		    • Neuroendocrine- Ki67%
			• Operative Note
			• Discharge summary
			• CT Scan, upper GI series, barium enema, U/S, ERCP, liver scan, bone scan
			• Any associated consult notes

GENITOURINARY	Biopsy proven cancer	• GRRCC Referral form • History and Physical • CBC, LYTES, PSA, LFT, ALK PHOS, BUN&CR • Pelvic CT • Operative notes • Pathology **For Testes:** beta HCG, AFP, LD *Medical Oncology: prostate - for patients > 80 yrs, referral may be accepted with only PSA *Radiation Oncology: Prostate - PSA and biopsy report only	• Associated consult notes • MRI • CT • CXR • Bone scan • U/S • Discharge summary
GYNECOLOGY *(ovary; fallopian tube; vagina; cervix; vulva; gestational trophoblastic neoplasm (GTN))*	Suspicious pelvic/peritoneal mass or biopsy proven	• GRRCC Referral form • History and Physical • Pathology - biopsy or surgical • Abd/Pelvic CT **For Cervix:** Pelvic MRI **For Sarcoma:** Chest/Abd/Pelvic CT & Pelvic MRI **For Pelvic Mass or Ovary:** Ca 125, Abd/Pelvic CT **For GTN:** Beta HCG trends **For Germ Cell**: Beta HCG, AFP, LDH	• Operative notes • Pathology/cytology • PDL1 CPS – cervical ca • Associated consult notes • Labs • U/S • MRI • CXR • Multidisciplinary Care Conference note
HEAD & NECK *(oral cavity; oropharynx; hypopharynx; nasopharynx; parotid; thyroid)*	Biopsy proven lesion	• GRRCC Referral form • History and Physical • Pathology/cytology of biopsy &/or surgical excision	• Operative notes • Associated consult notes • CT, CXR, other xrays or ultrasounds • p16 result included in pathology • PDL1 CPS – SCC tissue
HEMATOLOGY	Biopsy proven **OR** Abnormal blood counts **OR** Suspected myeloma	• GRRCC Referral form • History and Physical • CBC, CR, CA **For myeloma:** • SPEP and QI **For lymphoma:** • Pathology (biopsy or bone marrow biopsy)	• Operative notes • Any pathology • Associated consult notes • CT • U/S • Xray • MRI • Skeletal survey • PET Scan • Bone marrow results • Flow cytometry
KIDNEY	Suspicious mass on imaging **OR** Biopsy proven	• GRRCC Referral form • History and Physical • U/S • Abd/Pelvic CT • Labs: BUN, Cr *Radiation Oncology – no U/S required	• Pathology • Operative notes

<table>
<tr><td rowspan="2">LUNG</td><td>Suspicious mass, no tissue -> referral to LDAP</td><td>Lung Diagnostic Assessment Program Referral
https://www.grhosp.on.ca/care/services-departments/cancer/diagnosis/lung-diagnostic-assessment-program</td><td></td></tr>
<tr><td>Suspicious nodule(s)/lesion/mass
AND
Biopsy proven cancer</td><td>• GRRCC Referral form
• History and Physical
• Chest Xray
• Chest CT
• Pathology
• Molecular profiling – confirmation of being sent and in progress

*Radiation oncology: CXR not required</td><td>• Operative notes
• Associated consult notes
• LDAP reports
• Bronchoscopy
• Discharge summary
• Labs
• CT, MRI, U/S, Bone Scan
• Medication list
• PFT
• Echo</td></tr>
<tr><td>MELANOMA</td><td>Biopsy proven lesion</td><td>• GRRCC Referral form
• History and Physical
• Pathology (biopsy AND wide local excision)
• Operative notes</td><td>• Associated consult notes
• CT
• U/S
• MRI
• Bone Scan
• Tumour Markers</td></tr>
<tr><td>MYCOSIS FUNGODIES</td><td>Biopsy proven</td><td>• GRRCC Referral form
• History and Physical
• Pathology
• Labs: CBC, Lytes, LFT, BUN, CA, LD, TSH, and CMPB if possible
• Previous treatments including any radiation records</td><td>• Associated consult notes
• CT Chest/Abd/Pelvis
• CXR</td></tr>
<tr><td>PRIMARY UNKNOWN</td><td>Metastatic diagnosis without focus of primary</td><td>• GRRCC Referral form
• History and Physical
• Labs
• Imaging
• Any pathology done during investigations
• Past history of malignancies</td><td>• Operative notes
• Associated consult notes
• CT
• Mammogram
• U/S
• MRI
• Bone scan
• CXR
• Any workup done</td></tr>
<tr><td>SARCOMA</td><td>Suspicious mass or biopsy proven sarcoma
Suspicious or aggressive bone lesion on imaging</td><td>• GRRCC Referral form
• History and Physical
• Biopsy pathology if available
• Imaging reports</td><td>• Operative notes
• Associated consult notes
• Surgical pathology
• Discharge summary</td></tr>
<tr><td>SKIN</td><td>Biopsy proven

* Medical Oncology: Metastatic disease only (SCC, BCC, merkell cell)</td><td>• GRRCC Referral form
• History and Physical
• Pathology</td><td>• Operative notes
• Photos
• Any imaging reports
• CXR</td></tr>
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If you have any questions about the referral criteria or referrals to the Grand River Regional Cancer Centre, please contact New Patient Referrals at 519-749-4370 ext. 5720