Simcoe Muskoka Regional Cancer Program

RVH Royal Victoria Regional Health Centre

A Cancer Care Ontario Partner

OUTPATIENT ONCOLOGY NEW PATIENT REFERRAL

SIMCOE MUSKOKA REGIONAL CANCER PROGRAM
201 GEORGIAN DRIVE, BARRIE, ONTARIO L4M 6M2
Phone: 705-728-9090 ext 43334
www.rvh.on.ca

Fax your completed form and the minimum referral clinical information to **FAX: 705-792-3325**

PATIENT INFORMATION

Last Name	**First Name**	**Gender** ☐F ☐M	**D.O.B** d/m/y	**Phone**

Address	**City/Province**	**Postal Code**	**OHIP # (with version code)**

RVH V# (if Applicable)	**Location of Patient** ☐Home ☐Hospital Other_____	**Does patient identify as Aboriginal?** ☐ Yes **Special Assistance Required:** Interpreter ☐ Visually Impaired ☐ Hearing impaired ☐
Family Physician	**Family Physician Phone**	

Consult Request

☐ Radiation Oncology ☐ Medical Oncology ☐ Most Appropriate

Disease Site **(see below page for Urgent Referral Process)**

☐ Breast ☐ Bone Metastasis ☐ G.I ☐ G.U. ☐ Gyne ☐ Hematology ☐Lung ☐Skin ☐Other:

Has Patient had Previous Cancer Treatment?

☐No ☐Yes – Facility: _____

URGENT REFERRALS, select the indication below and contact:

Weekdays 8:00am-4:00pm 705-728-9090 EXT 43145

Weekends and afterhours, hospital switchboard at 705-728-9090

☐ Acute Leukemia ☐ Brain Metastasis ☐ Spinal Cord Compression ☐ Urgent/Emergent

INVESTIGATIONS

To expedite the referral process please include: history of the present illness, current symptoms, medications, procedure report, pathology report, blood work, recent imaging and prior pathology of any malignant dx.

Reports:	**Attached**	**Pending**	**If pending, list date and facility.**
Referral Letter	☐	☐	
Operative Report	☐	☐	
Pathology Report	☐	☐	
Blood Work	☐	☐	
Other	☐	☐	

Imaging:	**Attached**	**Pending**	**If pending, list date and facility.**
Bone Scan	☐	☐	
CT	☐	☐	
X-Ray	☐	☐	
Mammo	☐	☐	
MRI	☐	☐	
Ultra Sound	☐	☐	
Other	☐	☐	

Additional Information:

REFERRING PROVIDER INFORMATION

Name	Phone	Fax	OHIP Billing #

Address	Date	Signature

Please ensure your patient is aware of diagnosis & referral. Patients will be contacted directly with appointment info. The appointment will be within 14 days. If your patient is unavailable in the next 14 days please refer at a more appropriate time. Our office will send you fax confirmation within 72 hours of processing.