Northeast Cancer Centre
Health Sciences North
a Cancer Care Ontario partner

Centre de cancérologie du Nord-Est
Horizon Santé-Nord
un partenaire d'Action Cancer Ontario

IMPORTANT: Do not refer patients to the LDAP for emergency management. NE LDAP patients are seen in the NE LDAP physician's office as outpatients. If an inpatient requires consultation prior to hospital discharge please contact the specialist directly as per your usual inpatient referral processes.

NE Lung Diagnostic Assessment Program - REFERRAL FORM

Facsimile: 705-523-7287 Telephone: 705-523-7100 Ext 2553

An incomplete referral form may lead to delays in appointment booking

Please Complete All Fields and Fax to 705-523-7287

Date Patient Was Made Aware of Referral:

PATIENT INFORMATION:

Surname:		Given Name(s):
Date of Birth:	Gender:	Health Card # and Version Code
Address:	City / Province:	Postal Code:
Phone (home):	Phone (work):	Phone (cell):
Date of Initial Presentation of Symptoms:	Primary Care Physician:	

Reason for Referral: Chest CT Scan Suspicious of Lung Cancer (required for referral)

Participating Consultants (check one box only:)

- ☐ Earliest available or
- ☐ Thoracic Surgeon: Dr.

NOTE: Please FAX the following:

- ☐ Pertinent presenting symptoms and past medical history
- ☐ Pertinent imaging reports (i.e. chest xray, CT chest scan)
- ☐ List of medications
- ☐ Blood work results within last 3 months
- ☐ Pathology/ cytology results (if available)

Patients must arrive on time and bring with them their Health Card and list of current medications.

PROVIDER INFORMATION:

Referring Physician's Name (Print):

Telephone #:

Fax #:

CPSO #: BILLING #:

Please use practice stamp where available

Referring Physician Signature (mandatory)

Date: