

**IMPORTANT:** Do not refer patients to the NE 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 LDAP-OUTPATIENT REFERRAL FORM (ALGOMA CATCHMENT AREA ONLY)**

**North East Lung Diagnostic Assessment Program (NE LDAP)**

**Fascimile: 705-523-7287      Phone: 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

**PATIENT INFORMATION:**

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: (Apartment/Street) \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Gender:  Male       Female

Health card number and version code: \_\_\_\_\_

Date of initial presentation of symptoms: \_\_\_\_\_ Date of referral: \_\_\_\_\_

Primary care provider: \_\_\_\_\_ Patient aware of referral:  Yes  No

**REASON FOR REFERRAL:**  Chest CT Scan Suspicious of Lung Cancer (required for referral)

Sault Area Hospital Participating Specialist:

Dr. J. Reich (Surgeon) will provide the first consultation and transfer care to a thoracic surgeon if needed.

In the event that patient care is transferred to a thoracic surgeon, please indicate your preference below:

Thoracic surgeon of choice: \_\_\_\_\_

\* In accordance with the NE LDAP guiding principles, diagnostic services will be provided as close to patients' home as possible.

NOTE: Please FAX the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Pertinent presenting symptoms and past medical history     | <input type="checkbox"/> Blood work results within last 3 months   |
| <input type="checkbox"/> Pertinent imaging reports ( ie chest x-ray, CT chest scan) | <input type="checkbox"/> Pathology/cytology results (if available) |
| <input type="checkbox"/> List of medications  |  |

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

**PHYSICIAN INFORMATION:**

Referring physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Physician number: \_\_\_\_\_

Please use practice stamp where available

Referring physician signature (mandatory) \_\_\_\_\_

Date \_\_\_\_\_