

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 LDAP – OUTPATIENT REFERRAL FORM

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)

Participating consultants (check one box only):

Earliest available OR

Thoracic Surgeon: Dr. _____

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 (i.e. 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