

**Expedited Assessment of Skin Lesions
Highly Suspicious for Melanoma
Fax-In Referral Form**

Please FAX form and documents to
New Patient Booking Office: (416) 480-6179

Date of Referral (YYYY/MM/DD): _____

PATIENT IDENTIFICATION

**Purpose: To expedite biopsy of skin lesions that appear highly suspicious for melanoma.
All patients referred to the melanoma expedited assessment clinic will be assessed by a dermatologist AND a surgeon and may have a biopsy on the same day.**

SUSPECTED UNBIOPSIED MELANOMA:

- Bleeding lesion
- Lesion greater than 6 mm in size
- Lesion multi-coloured or significant change in colour
- Other: _____

- Location
- Extremity
 - Trunk
 - Head & Neck

Anticoagulant or Aspirin use: Yes No Which type: _____

Has the patient been informed of referral to expedited assessment clinic? Yes No

COMMUNICATION OF RESULTS AND SUBSEQUENT CARE:

Patient diagnosis communicated by, and subsequent care managed by the 1st available Sunnybrook Melanoma Surgeon or Dermatologist. If the biopsy is negative for melanoma, the patient's care will be returned to the referring MD, or referred to an appropriate specialist.

PATIENT INFORMATION

Last Name: _____ First Name: _____

OHIP#: _____ Version Code: _____ DOB (D/M/Y): _____

Sex: Male Female _____ Does patient speak English? Yes No Other (specify): _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Business/Cell Phone: _____

Patient Location: Home Hospital (specify): _____

DOCTOR INFORMATION

Referring Physician: _____ Billing#: _____

Phone: _____ Ext. _____ Secure Fax #: _____

SUPPORTING DOCUMENTATION:

Referral Letter H & P Referring Physician's Signature: _____

OCC OFFICE USE ONLY	HFN: _____
Clinic Booked: _____	Date Booked: _____ Time Booked: _____
Clinic Booked: _____	Date Booked: _____ Time Booked: _____
Clinic appointment called to: <input type="checkbox"/> Referring Physician <input type="checkbox"/> Hospital <input type="checkbox"/> Patient <input type="checkbox"/> Other (specify): _____	
Slide Review Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	

