Colorectal Cancer Referral Form
Diagnostic Assessment Program

Phone: 416-480-5658  Fax: 416-480-7818  crc dap@ sunnybrook.ca

Referral Date (YYYY/MM/DD): __________ / __________ / __________

PATIENT INFORMATION
Last Name: _____________________________  First Name: _____________________________  DOB: _______________
OHIP card: _____________________________  Preferred Phone Number: _____________________________

PHYSICIAN INFORMATION
Referring Physician: _____________________________  OHIP billing #: _____________________________
Bus. Tel: _____________________________  Fax: _____________________________

REFERRAL FOR EXPEDITED COLONOSCOPY (for suspicion of colorectal cancer)

- FOBT+
- FIT+
- Palpable rectal mass
- Abnormal imaging
- Rectal bleeding (with absence of perianal symptoms) AND 1 or more of the following:
  - Unexplained weight loss
  - First degree family history of colorectal cancer
  - Palpable abdominal mass
  - Change in bowel habits
  - Unexplained iron-deficiency anemia
- Other: ____________________________________________________________________________________

NOTE:
Your patient will receive a colonoscopy within 2-3 weeks and you will receive a faxed report on the day of the colonoscopy.
Positive findings will receive expedited care by the multidisciplinary oncology team at Sunnybrook Health Sciences Centre.
Inappropriate referrals will be sent back to the referring physician.

REFERRAL FOR COLORECTAL CANCER (or endoscopic suspected colorectal cancer)
Endoscopy Performed: please include colonoscopy report and biopsy result if available)
- Colonoscopy
- Flexible Sigmoidoscopy

Location of Tumor
- Right Colon
- Transverse Colon
- Left Colon/Sigmoid
- Rectum (15cm or less from anus)
- Lesion Tattooed

MEDICAL HISTORY AND/OR OTHER PERTINENT INFORMATION
_____________________________________________________________________________________________
_____________________________________________________________________________________________

REFERRAL REQUEST
- Earliest Appointment
- Dr. Shady Ashamalla
- Dr. Darlene Fenech

Your patient will be contacted immediately following receipt of referral by our nurse navigator.

FOR MORE INFORMATION OR TO USE OUR e-REFERRAL, PLEASE VISIT:

sunnybrook.ca/colorectal

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