Odette Cancer Centre
Fax-in Referral Form
June/08

Date of Referral: MM / DD / YY

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Please fax form and documents to New Patient Booking Office Fax (416) 480 - 6179

OCC OFFICE USE ONLY	OCC #	SHSC #
Clinic Booked:	Date Booked:	Time Booked:
Clinic appointment called to:	☐ Referring Physician ☐ Hospital	☐ Patient ☐ Other (specify)

PROSTATE BONE METASTASES CLINIC
FOR REFERRAL PLEASE CALL (416) 480-4205

THIS PATIENT REMAINS UNDER THE CARE OF THE REFERRING PHYSICIAN UNTIL SEEN BY AN ONCOLOGIST AT OUR CENTRE

Patient Surname:	Given Name:	Birth Date (YY/MM/DD):
Street (Apt.#)	City:	Postal code:
Home: ( )	Work: ( )	Other Contact Person's Name: Tel: ( )

Does Patient Speak English ☐ Yes ☐ No ☐ Other (specify):	Patient Location: ☐ Home ☐ Hospital (specify):
OHIN Number:	Version Code:

Referring Physician Name:	Tel: ( )	Fax: ( )

Please fill in all relevant details:

PROSTATE CANCER DIAGNOSIS AND TREATMENT

- **Pathology report** (Confirming Diagnosis)

Date	Location Performed	Arrangement for sending to OCC			OCC received		OCC re-request	OCC received
		Patient	Fax	Courier	YES	NO		

- **Progress reports** indicating treatment to date:

Date	Location Performed	Arrangement for sending to OCC			OCC received		OCC re-request	OCC received
		Patient	Fax	Courier	YES	NO		

REASON FOR REFERRAL (Check all that apply)

☐ **PAINFUL BONE METASTASES** ***Ensure imaging comes from correct location (e.g. bone scan from NuclearMed Dept.)**

Painful Site # 1	Relevant imaging	Date	Location Performed*	Arrangement for sending to OCC			OCC received		OCC re-request	OCC received
				Patient	Fax	Courier	YES	NO		
Painful Site # 2	Relevant imaging	Date	Location Performed*	Arrangement for sending to OCC			OCC received		OCC re-request	OCC received
				Patient	Fax	Courier	YES	NO		

☐ **BONE METASTASES AT RISK FOR PATHOLOGICAL FRACTURE OR SPINAL CORD COMPRESSION**:

Type of risk: ____________________ Imaging showing risk: ____________________

Date	Location Performed	Arrangement for sending to OCC			OCC received		OCC re-request	OCC received
		Patient	Fax	Courier	YES	NO		

REPORTS:

	Faxed	Courier	With Patient	Not Available
Referral Letter/H&P	☐	☐	☐	☐
Pathology Reports	☐	☐	☐	☐
X-Ray Reports	☐	☐	☐	☐
Chemo Schedules	☐	☐	☐	☐
Blood Work (including PSA)	☐	☐	☐	☐

REPORTS:

	Courier	With Patient	Not Available
Bone Scan	☐	☐	☐
CAT Scan	☐	☐	☐
MRI	☐	☐	☐
X-Ray	☐	☐	☐