Patient Referral Form- Saskatchewan Cancer Agency

❑ **Allan Blair Cancer Centre, Regina-Fax: 306-766-2939** ❑ **Saskatoon Cancer Centre-Fax: 306-655-6610**

Please print and reply to all questions. *It is not necessary to phone.*

Patient's name: _____ ❑ Male ❑ Female
Last Name First Name Initial

Mailing address: _____

City: _____ Postal Code: _____ Phone: _____

Birthday (D/M/Y): _____ Personal Health Number: _____

Next of kin/Contact: _____ Phone: _____

Family physician: _____

Diagnosis: _____

Is the patient aware of the diagnosis? ❑ No ❑ Yes

Do you wish the patient to be seen at the Cancer Centre at this time? ❑ No ❑ Yes

Does the patient require an interpreter? ❑ No ❑ Yes, language: _____

Does the patient have an infectious disease (e.g., MRSA, VRE, TB, etc.) for which we need to take precautions to ensure Cancer Centre staff and other patients are protected? ❑ No ❑ Yes, disease:_____

Names of other physicians involved: _____

Patient's location: ❑ Hospital _____ Ward: _____ Phone: _____

❑ Home

Required information to send with referral:

- Pathology report(s)
- History & physical examination
- Discharge summary
- Operative report(s)
- All consultation reports
- Laboratory tests
- X-Ray, CT, MRI report(s)
- ECG reports

Please see **"Requested Information for Patients Being Referred"** for more specific information.

Comments:

For emergency cases only, phone: Allan Blair Cancer Centre: 306-766-2213 Saskatoon Cancer Centre: 306-655-2662

Referring Physician: _____ Phone: _____
print name

Date: _____

Please complete and fax this form with the required information. Lack of pertinent information MAY RESULT IN DELAYS in scheduling a patient appointment.

The Cancer Centre will notify your patient of the date and time of their appointment.

Copies of this form are available at www.saskcancer.ca *December 2006*