Otolaryngology-Head & Neck Surgery UHN

DEPARTMENT OF OTOLARYNGOLOGY HEAD & NECK SURGERY
REFERRAL FORM
FOR URGENT REFERRALS CONTACT PHYSICIAN DIRECTLY

Date: _____

HEAD & NECK (Fax: 416-946-2300) GENERAL ENT (Fax: 416-340-5116)

□ **Dr. Dale Brown**	**Phone: 416-340-3060**	□ **Dr. John de Almeida**	**Phone: 416-340-3138**
□ **Dr. Douglas Chepeha**	**Phone: 416-340-3082**	□ **Dr. Ralph Gilbert**	**Phone: 416-340-3145**
□ **Dr. David Goldstein**	**Phone: 416-340-3062**	□ **Dr. Patrick Gullane**	**Phone: 416-340-3098**
□ **Dr. Jonathan Irish**	**Phone: 416-340-3113**	□ **Dr. Christopher Yao**	**Phone: 416-340-3063**

OTOLOGY/NEUROTOLOGY (Fax: 416-340-3327)

□ **Dr. John Rutka**	**Phone: 416-340-4630**
□ **Dr. Neil Bailie**	**Phone: 416-340-5185**

PATIENT INFORMATION

Last Name:	First Name:	Date of Birth (dd/mm/yyyy):	Gender:
Health Card #:	Version:	Patient Location Details (Home/Inpatient):	Previous UHN Patient: Y / N MRN, if Known:
Street Address:			
City:	Province:	Postal Code:	
Phone (Home):	Phone (Cell):	Phone (Work):	
Alternate Contact Name:	Relationship:	Phone (Home/Cell):	

Referring Physician Name:	Referring Physician Billing Number:	Referring Physician Phone:	Referring Physician Fax:
Referring Physician Email:	Family Physician Name:	Family Physician Phone:	Family Physician Fax:

CLINICAL INFORMATION REQUIRED (Please include as much information as possible and FAX COPIES OF ALL CONSULTATION/CLINCAL NOTES & REPORTS)

Reason for Consultation:
□ Newly diagnosed
□ Second opinion
□ Recurrent/progressive disease
□ Other:

Diagnosis:

_____

Patient Informed of Diagnosis?
□ Yes □ No

Diagnostic Imaging/Reports:
□ X-Ray □ CT
□ MRI □ Ultrasound
□ OR notes □ Pathology
□ Other:

_____

Patient Has Also Been Referred To:
□ Medical Oncology
□ Radiation Oncology
A separate referral must be sent for each additional service requested.

Interpreter Services Requested?
□ No
□ Yes: Please specify patient's primary language:

_____

REFERRING PHYSICIAN CHECKLIST FOR A COMPLETE REFERRAL

□ Referral letter/Consult note □ Pathology reports □ Surgical procedure notes □ Diagnostic imaging reports
□ Clinical notes □ **Diagnostic imaging films & list of all medications given to patient to bring to appointment**

NOTE: THIS PATIENT REMAINS UNDER THE CARE OF THE REFERRING PHYSICIAN UNTIL SEEN BY AN ONCOLOGIST AT PRINCESS MARGARET

OFFICE USE ONLY:

Date Received:	Appointment Date & Time:	Interpreter Booked? Y/N	Clinic:
Physician Signature:	Date:	Comments:	