Otolaryngology-Head & Neck Surgery UHN

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

Date: _____

HEAD & NECK (Fax: 416-946-2300)

- □ **Dr. Dale Brown** **Phone: 416-340-3060**
- □ **Dr. John de Almeida** **Phone: 416-340-3138**
- □ **Dr. Ralph Gilbert** **Phone: 416-340-3145**
- □ **Dr. David Goldstein** **Phone: 416-340-3062**

GENERAL ENT (Fax: 416-340-5116)

- □ **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:	