

GYN MULTIDISCIPLINARY ONCOLOGY INTAKE FORM

Request for Gyn Oncology Program Consultation

Fax: 705-739-5636 Tel: 705-728-9090 ext 43155

Date of Referral (DD/MM/YYYY	´):						
Consultation Requested: (check all that apply)	Medical	🗅 Radia	tion 🗆	Surgical			
Referring Physician Informat	ion		Primary Care Pl Same as Referring		rmation		
Referring Physician	Physician OHIP Billing #		Primary Physician	hysician OHIP Billing #			
()	()		()	()		
Phone #	Fax #		Phone #	Fa	ax #		
Patient Information (please fill in	as much as possible)						
Patient Name			Date of Birth (DD / MM / YYYY)				
			()	()		
Street Address			Home Phone #	В	Business/Oth	er Phone #	
City, Province	Posta	al Code	Health Card #	V	ersion/	Expiry date	
Reason for Referral							
Date of Referral(DD/MM/YYYY): _							
Referral Reason (Diagnosis):							
New Diagnosis	Follow-U	р		2 nd Opinion			
Recurrent /Progressive Disease							
Clinical & Diagnostic Information	Cancer D		iagnosis (If known)				
Consult Note		Suspiciou	us Pelvic Mass		Cervical Cancer		
CA125 (if pelvic mass)	CA125 (if pelvic mass)		Endometrial Cancer		Vulvar Cancer		
Imaging (Ultrasound, CT Scan, MRI)		Vaginal C	Vaginal Cancer		Ovarian Cancer		
Surgical Pathology		Familial E	□ Familial Breast & Ovarian Cancer □ Post I		ost Menopau	Menopausal Bleeding	
Recent PAP Smear		Gestation	Gestational Trophoblastic Disease (already seen by Gyn		by Gyn)		
Operative Note		Other					
Other							

NOTE: This patient remains under the care of the referring physician until seen by our program.

SMRCP Staff Only:

Appointment Date:	Appointment Time:	Physician:
Notes:		

RVH Royal Victoria Regional Health Centre

A Cancer Care Ontario Partner

June 1, 2021

RVH Gynecologic Oncology Referral - Recommended Staging Investigations

The following investigations should be ordered concurrently with a referral to the Gynecologic Oncology program to expedite patient care.

Please use this document as a guideline only, if you have questions or require clarification, please contact the Gynecologic Oncologist on call at **705-986-0126**.

Endometrial Cancer

Grade 1

- Pelvic US
- If suspicion of extrauterine or locally advanced disease CT Chest Abdomen Pelvis

<u>Grade 2</u>

- CT Abdomen Pelvis
- Consider CT Chest if abnormal findings on abdominal or pelvic imaging

Grade 3

(Includes serous, clear cell, carcinosarcoma)

- CT Chest Abdomen Pelvis

Cervical cancer

- CT Abdomen Pelvis
- CT Chest if stage 1B or greater
- MRI pelvis

Ovarian cancer or Suspicious pelvic mass

- CT Abdomen Pelvis
- CT Chest if confirmed or highly suspicious for cancer
- Ca125
- If < 40 years old, AFP, HCG, LDH

Vulvar cancer

- CT Abdomen Pelvis

Sincerely, Gynecologic Oncology Team

Inspiring care...