ROYAL VICTORIA REGIONAL HEALTH CENTER
Rotary Place - 2nd Floor
201 GEORGIAN DRIVE, BARRIE, ONTARIO L4M 6M2
Phone: 705-728-9090 Ext. 23200

General Hematology Clinic Referral Form
Fax: 705-797-3098

PATIENT INFORMATION			
Last Name	First Name	Gender ☐F ☐M ☐O	D.O.B D/M/Y
Address	City/Province	Postal Code	OHIP # (with version code)
Email Address		Contact Number	
Alternate contact or POA (name and phone number) if applicable			

Please send the following to the Malignant Hematology Clinic at the Hudson Regional Center Program (HRCP)

***Abnormalities such as blasts on smear *Multiple Myeloma *MGUS/abnormal SPEP *Lymphocytosis**
***Thrombocytosis *ANC <0.5 *Polycythemia**

REFERRAL INFORMATION AND SUPPORTING DOCUMENTATION

The following is REQUIRED: Incomplete referrals will be returned, delaying triage and referral time

- ☐ Referral letter including **complete** history
- ☐ Relevant trending labs. **Please include MORE THAN 1 RESULT** (CBCs, genetic testing, iron studies)
- ☐ Previous relevant consultation (GI/GU, Hematology, Medicine)
- ☐ Relevant Imaging (Ultrasounds)
- ☐ List of current medications **and doses**

Reason For Referral:	Recent CBC results:
****If referral is urgent, please call the Hematologist on-call at RVH****	HGB: _____ WBC: _____ ANC: _____ PLTS: _____

REFERRING PROVIDER INFORMATION		
Name	Billing#	Direct Line:
Phone	Ext.	Fax #:
Referring Physician Signature:	Date of Referral (D/M/Y):	