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

General (formerly Benign) 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 Simcoe Muskoka Regional Center Program (SMRCP)

***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):**	

Updated November 21, 2023