

Skin Cancer Clinic Referral Form

Royal Victoria Regional Health Centre
201 GEORGIAN DRIVE, BARRIE, ONTARIO L4M 6M2
Phone: 705-728-9090 Ext. 43305

Date of Referral (D/M/Y): _____

PATIENT INFORMATION

Last Name	First Name	Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> other	D.O.B D/M/Y	Phone
Address	City	Postal Code	OHIP # (with version code)	
Other Contact Person or POA (Name & Phone)		Allergies		
Email Address:	Name of Pharmacy:	Medications (<input type="checkbox"/> Attached medication list/ CPP) Is this patient on anticoagulants? <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify: _____		

SUPPORTING INFORMATION

SECTION A – Biopsy Not Completed

Site	Tumour Size	Suspected Diagnosis
1.		
2.		
3.		

SECTION B – Biopsy Complete, Pathology Positive for Cancer

Site	Tumour Size	Diagnosis
1.		
2.		
3.		

- Pathology report attached.
 I have informed my patient of their cancer diagnosis.

Request for Specific Surgeon? Name of Surgeon: _____

If no request: Patients with melanoma will be referred to surgeon from a list of providers closest to patient's residence. Patients with non-melanoma skin cancers will be scheduled at the first available timeslot at HRCP's Multidisciplinary Skin Clinic at RVH.

Additional History/Previous Treatment Attached CPP (Comprehensive Patient Profile)

REFERRING PROVIDER INFORMATION

Name	Billing#	Fax #	Phone
Are you the patient's Family Physician? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please include Family Physician Info Name		Referring Provider's Signature	
Phone	Ext		

Fax your completed form to 705-739-5636