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			

Reason For Referral:

****If referral is urgent, please call the Hematologist on-call at RVH****

Please refer patients with overt malignancy to the Malignant Hematology Clinic at the Hudson Regional Center Program (HRCP)

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**

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