

## Colorectal Diagnostic Assessment Program

**PLEASE COMPLETE AND FAX REFERRAL FORM TO (416) 756 - 6832**

### Patient Information

Last Name:	First Name:	DOB:
Health Card #:	Version:	Gender:
Address:	City:	Postal Code:
	Preferred Phone #:	

### Reason for Referral

<input type="checkbox"/> Diagnosed Colorectal Cancer <ul style="list-style-type: none"> <li>Abnormal CT imaging results</li> <li>Endoscopic/biopsy findings proven cancer</li> </ul>
<input type="checkbox"/> Symptoms highly suspicious for colorectal cancer <ul style="list-style-type: none"> <li>Palpable rectal mass</li> <li>Positive fecal immunochemical test</li> <li>Suspicious rectal bleeding</li> </ul>
Medical History and other pertinent information (e.g. allergies, medications, etc.):

**Patient Informed of Diagnosis? \_ Yes \_ No**

### Diagnostic Investigations - please attach ALL reports with referral if available. If not, we will arrange.

Endoscopy performed:	<input type="checkbox"/> Colonoscopy      Date completed: _____ <input type="checkbox"/> Flex Sigmoidoscopy      Date completed: _____ <input type="checkbox"/> Tattoo of lesion
Location of tumour:	<input type="checkbox"/> Right Colon <input type="checkbox"/> Left or Sigmoid Colon <input type="checkbox"/> Rectum (≤ 15 cm from anus)
Other tests:	<input type="checkbox"/> MRI Scan      Date completed: _____ <input type="checkbox"/> CT Scan      Date completed: _____ <input type="checkbox"/> Blood Work      Date completed: _____ <input type="checkbox"/> Other      Date completed: _____

### Referral Request

<input type="checkbox"/> Earliest appointment    OR <input type="checkbox"/> Dr. Daniel Abramowitz <input type="checkbox"/> Dr. Stan Feinberg <input type="checkbox"/> Dr. Usmaan Hameed <input type="checkbox"/> Dr. Peter Stotland
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### Physician Information

Referring Physician:	Family Physician:
Billing #:	Billing #:
Phone #:	Phone #:
Fax #:	Fax #:
Referral Date:	

NOTE: Your patient **MUST** be aware of this referral and will be contacted by our patient navigator

The patient navigator can be reached at (416) 756-6000 ext. 4409, (416) 575-6276 or  
[gi.navigators@nygh.on.ca](mailto:gi.navigators@nygh.on.ca)