NORTH YORK GENERAL
*Making a World of Difference*

# 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** |
|---|
| ☐ Diagnosed Colorectal Cancer<br>• Abnormal Ultrasound/CT/MRI imaging results<br>• Endoscopic/biopsy findings proven colorectal cancer |
| ☐ Symptoms highly suspicious for colorectal cancer<br>• Palpable rectal mass<br>• Unexplained iron-deficiency anemia<br>• Positive fecal immunochemical test<br>• Suspicious rectal bleeding<br>• Change in bowel function<br>• Unexplained weight loss |
| Medical History and other pertinent information (e.g. allergies, medications, etc.): |

**Patient information of Diagnosis? __Yes __No**

| **Diagnostic Investigations - please attach ALL reports with referral if available. If not, we will arrange.** | | |
|---|---|---|
| Endoscopy performed: | ☐ Colonoscopy<br>☐ Flex Sigmoidoscopy<br>☐ Tattoo of lesion | Date completed:_____<br>Date completed:_____ |
| Location of tumour: | ☐ Right Colon<br>☐ Left or Sigmoid Colon | ☐ Transverse Colon<br>☐ Rectum (≤ 15 cm from anus) |
| Other tests: | ☐ MRI Scan | Date completed: |
| | ☐ CT Scan | Date completed: |
| | ☐ Ultrasound | Date completed: |
| | ☐ Bloodwork | Date completed: |

| **Referral Request** | | |
|---|---|---|
| ☐ Earliest appointment OR | | |
| ☐ Dr. Peter Stotland | ☐ Dr. Stan Feinberg | ☐ Dr. Usmaan Hameed |
| ☐ Dr. Nancy Down | ☐ Dr. Trevor Wood | ☐ Dr. Yasser Botros |
| ☐ Dr. David Smith | ☐ Dr. Brian Pinchuk | |

| **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.navigator@nygh.on.ca**