Cancer Centre of Southeastern Ontario
A Cancer Care Ontario Partner

Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

COLORECTAL DIAGNOSTIC ASSESSMENT PROGRAM - REFERRAL

(Biopsy proven or high suspicion of malignant disease)

Date of Referral	**Patient Details**
Date of Referral_____ (yyyy/mm/dd)	Name:
	Health Card:
	Date of Birth (yyyy/mm/dd):
	Phone:
	Address:

Presenting Illness/Reason for Referral:

- ☐ Biopsy proven colorectal cancer
- ☐ Palpable rectal mass
- ☐ Obvious colonic mass with high suspicion of malignant disease
- ☐ High risk colonic polyp (peacemeal resection with high grade dysplasia pathology)
- ☐ Abnormal imaging suggesting colorectal cancer (i.e. CT colonography)

Diagnostic Investigations Completed:

☐ Blood work ☐Sigmoidoscopy ☐Colonoscopy ☐Computed tomographic (CT) ☐ Colonography (CT)
☐ MRI ☐Chest X-ray ☐Pathology of colonic or rectal lesion ☐Other

Patient Aware of Referral? ☐ Yes ☐No

Patient Aware of Potential Cancer Diagnosis? ☐ Yes ☐No

Please fax us the following information:

- ☐ Completed referral form
- ☐ Recent blood work (CBC, ferritin (if low MCV))
- ☐ Imaging reports*
- ☐ Endoscopy procedure report
- ☐ Pathology result*
- ☐ List of current medications (including ALL anticoagulants, antiplatelets, and NSAIDS)
- ☐ Past medical history

Referred by: ☐ Family Physician ☐Nurse Practitioner ☐ Surgeon ☐Gastroenterologist

_____ _____ _____
(please print) **Phone** **Fax**

Signature: _____ **CPSO:**_____

Fax Number: (613) 544-3319 - Email: dap@kingstonhsc.ca

Colorectal DAP Patient Navigator (RN) Telephone: (613) 544-3400 x2653

DAP Office Only ☐ Navigator Consult ☐ Access Database

* To expedite patient care, if imaging or pathology reports are not availible, please forward the referral form first and the results when availible.

CBC - complete blood count MCV- mean corpuscular volume NSAIDS- nonsteroidal anti-inflammatory drug RN- Registered Nurse
DAP -Diagnostic Assessment Program CPSO- College of Physicians & Surgeons of Ontario