



Patient Details

Name: _____

Date of Birth (yyyy/mm/dd): _____

Phone Number: _____

Address: _____

Health Card: _____

**Esophagogastric Diagnostic Assessment Program (EDAP)
REFERRAL FORM**

Date of referral (yyyy/mm/dd): _____

Indication for referral:

Esophageal Cancer

Gastric Cancer

Gastroesophageal (GE) Junction Cancer
(Encompasses all tumours with an epicentre within 5 cm proximal or distal to the GE junction)
 Tumours with epicentre located within 5 cm above to 2 cm below GE junction will be referred to an Esophageal Cancer General Surgeon.
 Tumours with epicentre located more than 2 cm below GE junction will be referred to a Gastric Cancer General Surgeon.

Please identify diagnostic interventions completed:

Blood Work CT head MRI brain
 PET Scan CT Chest/Abdomen CT Chest/Abdomen/Pelvis
 Upper Endoscopy EUS Diagnostic Laparoscopy
 PFT

Please include the following information with the referral, if applicable:

Completed referral form Recent blood work Past medical history
 Imaging reports Endoscopic procedure reports Pathology reports
 Operative reports (i.e. diagnostic laparoscopy, laparotomy, if applicable)
 Current medications (including ALL anticoagulants, antiplatelets, and NSAIDS)

Referred by: Primary Care Physician Nurse Practitioner Surgeon Gastroenterologist

Name: _____ Phone: _____ Fax: _____
 (please print)

Signature: _____ CPSO Number: _____

Fax Number: 613-546-8225 – DAP@kingstonhsc.ca
EDAP Patient Nurse Navigator Telephone: 613-544-3400 extension 2411

CT – computed tomography PET – positron emission tomography MRI – magnetic resonance imaging EUS – Endoscopic Ultrasound PFT – Pulmonary Function Test NSAIDS – nonsteroidal anti-inflammatory drug CPSO – College of Physicians & Surgeons of Ontario