

Cancer Centre of Southeastern Ontario

A Cancer Care Ontario Partner

Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston

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

Signature: _____ CPSO Number: _____

Fax Number: 613-544-3319 – 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