

COLORECTAL DIAGNOSTIC ASSESSMENT PROGRAM (CDAP)

(Biopsy Proven or high suspicion of malignant disease)

PHYSICIAN REFERRAL FORM

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:		
<input type="checkbox"/> Biopsy proven colorectal cancer <input type="checkbox"/> Palpable rectal mass <input type="checkbox"/> Obvious colonic mass with high suspicion of malignant disease <input type="checkbox"/> High risk colonic polyp <input type="checkbox"/> Abnormal imaging suggesting colorectal cancer		
Diagnostic Investigations Completed:		
<input type="checkbox"/> Blood work <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Sigmoidoscopy <input type="checkbox"/> CT scan <input type="checkbox"/> CT colonography <input type="checkbox"/> MRI <input type="checkbox"/> Pathology of colonic or rectal lesion <input type="checkbox"/> Other		
Patient Aware of Referral?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient Aware of Potential Cancer Diagnosis?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please Fax us the Following Information:		
<input type="checkbox"/> Completed referral form <input type="checkbox"/> Recent blood work (CBC, Ferritin (if low MCV)) <input type="checkbox"/> Imaging Reports* <input type="checkbox"/> Endoscopy procedure report <input type="checkbox"/> Pathology result* <input type="checkbox"/> List of current medications (ALL anticoagulants, anti-platelets, NSAIDs) <input type="checkbox"/> Past medical history		
Referred by: <input type="checkbox"/> Family Physician <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Surgeon <input type="checkbox"/> Gastroenterologist <input type="checkbox"/> Other		
Name:	Phone:	Fax:
Signature:	CPSO Number:	
Fax Number: (613) 544-3319 Email: CDAP@Kingstonhsc.ca CDAP Nurse Navigator Telephone: (613) 544-3400 ext. 2653		

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

CBC – complete blood count MCV – mean corpuscular volume NSAIDs – nonsteroidal anti-inflammatory drug
CPSO – College of Physicians & Surgeons of Ontario