Cancer Centre of Southeastern Ontario
A Cancer Care Ontario Partner

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

Affix patient label here

NAME _____
MRN _____
DOB (yyyy/mm/dd) _____
OHIP _____

Contact number for caregiver (___) _____

CONSULTATION REQUEST
INDIGENOUS PATIENT NAVIGATOR

SCAN TO: CCSupportiveCare@kingstonhsc.ca
FAX TO: 613-548-2396

Consult must relate to cancer diagnosis. Oncology Indigenous Navigator Monday-Friday 0800-1600h.
Please call 613-549-6666 x63851 or Oncology Indigenous Navigator on Vocera for urgent matters.
Patients, family or caregivers can also self-refer by calling 613-549-6666 x63851

Date of Referral _____ (yyyy/mm/dd) Patient Diagnosis: _____

Referred by _____ (Printed Name) _____ (Signature) _____ (Designation) _____ (Contact Information (Extension or by Vocera))

Attending Physician: _____

☐ **Consent obtained for referral (REQUIRED)** ☐ Interpreter Services (Language) _____

Please select stage of patient journey:

- ☐ 1st Consult
- ☐ New diagnosis
- ☐ Recurrence
- ☐ On treatment
- ☐ Progression
- ☐ On follow-up only

Treatment Intention

- ☐ Curative
- ☐ Palliative
- ☐ Unclear

Reason for Referral (Please check all boxes that apply):

- ☐ Spiritual Care
- ☐ Emotional Support
- ☐ Limited Support System
- ☐ Advocacy & Guidance
- ☐ Education on Illness
- ☐ Attend Appointments
- ☐ Practical Issues (financial, transportation, accommodations)
- ☐ Family Coping / Bereavement
- ☐ Indigenous Cultural Supports
- ☐ Other: _____

URGENCY: Please provide additional information to help us assess priority

Date Referral Received: _____(yyyy/mm/dd) ☐ Referral form faxed