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 (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:

- ☐ Biopsy proven colorectal cancer
- ☐ Palpable rectal mass
- ☐ Obvious colonic mass with high suspicion of malignant disease
- ☐ High risk colonic polyp
- ☐ Abnormal imaging suggesting colorectal cancer

Diagnostic Investigations Completed:

☐ Blood work ☐ Colonoscopy ☐ Sigmoidoscopy ☐ CT scan ☐ CT colonography

☐ MRI ☐ 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 (ALL anticoagulants, anti-platelets, NSAIDs)
- ☐ Past medical history

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

_____ _____ _____

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

Signature: _____ **CPSO Number:**_____

Fax Number: 1-855-251-6059 Email: CDAP@Kingstonhsc.ca

CDAP Nurse Navigator Telephone: (613) 544-3400 ext. 22653

*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