

# LUNG DIAGNOSTIC ASSESSMENT PROGRAM (Lung DAP)

(Moderate to high suspicion of malignant disease)

## PHYSICIAN REFERRAL FORM

Patient Details		Physician Details	
Name	Health Card	Name	Phone
Date of Birth	Phone	Fax	Address 1
Address 1	Address 2	Address 2	
<b>Presenting Illness/Reason for Referral:</b>			
Pulmonary or pleural nodules/masses suspicious for malignancy Mediastinal and/or hilar adenopathy suspicious for malignancy Non-resolving pleural effusion with suspicion of underlying malignancy Non-resolving lung consolidation/pneumonia despite appropriate antibiotic therapy suspicious for underlying malignancy			
<b>Please fax us the following information:</b>			
Completed referral form CT Chest report (Please order a CT Chest if not already completed. Patients will not be seen in clinic without a completed CT Chest.) Recent blood work, PFT's or other imaging reports List of current medications (including ALL anticoagulants, antiplatelets, NSAIDS and bronchodilators) Past medical history			
<b>Patient Aware of Referral?</b>		Yes	No
<b>Patient Aware of Potential Cancer Diagnosis?</b>		Yes	No
<b>Physician Printed Name:</b>		<b>Date:</b> (yyyy/mm/dd)	
_____		_____	
<b>Physician Signature:</b>			
_____			
<b>Fax Number: (613) 546-8225 - Email: <a href="mailto:dap@kingstonhsc.ca">dap@kingstonhsc.ca</a></b> <b>Lung DAP h Navigator kV Telephone: (613) 544-3400 x 2474</b>			
<b>DAP Office Use Only</b> <input type="checkbox"/> NN Consult <input type="checkbox"/> Access Tool			