

 **University Health Network**

**DEPARTMENT OF PLASTIC & RECONSTRUCTIVE SURGERY**

**\*FOR URGENT REFERRALS CONTACT PHYSICIAN DIRECTLY\***

**200 Elizabeth Street Toronto, ON M5G 2C4**

**Fax: 416-340-4403**

Referral Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Select a Surgeon:** |  |
|  Dr. Stefan Hofer | T: 416 340 3449 |
|  Dr. Toni Zhong | T: 416 340 3858 |
|  Dr. Anne O’Neill | T: 416 340 3143 |
|  Dr. Siba Haykal | T: 416 340 4327 |
|  Next Available Plastic Surgeon  | F: 416 340 4403 |

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| --- | --- |
| **Patient Information:** |  |
| Name: |  |
| DOB: |  |
| HC #: |  |
| Tel: |  |
| Address:  |  |

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| **\*\*CLINICAL INFORMATION REQUIRED\*\* (Please include as much information as possible and FAX A COPY OF THE LAST CONSULTATION/CLINCAL NOTE & REPORTS RELATING TO PATIENT’S BREAST HISTORY/DIAGNOSIS)** |
| **Reason for Consultation:** Newly diagnosed breast cancer requiring immediate breast reconstruction  Other types of immediate breast reconstruction (gene positivity, etc.)  Delayed breast reconstruction  Breast reconstruction revision  Partial breast reconstruction  Second opinion  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Patient Informed of Diagnosis?**  Yes  No | **Diagnostic Imaging/Reports:**  |
|  X-ray  CT MRI  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Ultrasound OR notes  Pathology |
| **Interpreter Services Requested?** No Yes: please specify patient’s primary language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Patient Has Also Been Referred To:**  Medical Oncology Radiation Oncology  Surgical OncologyA separate referral must be sent for each additional service requested |

Please indicate any pertinent clinical information (Example. Previous radiation/chemotherapy/surgeries):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consultant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_ Signature: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_