Cancer Centre of Southeastern Ontario
A Cancer Care Ontario Partner

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

LUNG DIAGNOSTIC ASSESSMENT PROGRAM (Lung DAP)

(Moderate to high suspicion of malignant disease)

PHYSICIAN REFERRAL FORM

Patient Details	Physician Details
Name Health	Name
Card Date of	Phone
Birth Phone	Fax
Address 1	Address 1
Indigenous Ancestry ☐ yes ☐ no ☐ unk	Address 2

Presenting Illness/Reason for Referral:

- ☐ 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

Please <u>confirm</u> the following information:

CT Chest (date and location) _____

(Please order CT Chest it not completed. Patients will **<u>not</u>** be seen without a completed CT)

Please include the following information with your referral:

- ☐ Past Medical History
- ☐ Current Medications
- ☐ Prior PFTs (if available)

Pending or Requested imaging studies:

(Location and date if known)_____

Patient Aware of Referral? ☐ Yes ☐ No

Patient Aware of Potential Cancer Diagnosis? ☐ Yes ☐ No

Physician Printed Name: **Date:** (yyyy/mm/dd)

_____ _____

Physician Signature:

_____

Fax Number: (613) 546-8225 - Email: dap@kingstonhsc.ca

Lung DAP Nurse Navigator Telephone: (613) 549-6666 x 7184

DAP Office Use Only ☐ NN Consult ☐ Access Tool