



**THORACIC SURGEONS
of EAST TORONTO**

REFERRAL FORM FAX TOLL-FREE 1-844-300-4543

Patient Surname		Given Name		Birthdate		Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Street			City		Postal Code		<input type="checkbox"/> Speak English Fluently? <input type="checkbox"/> Other (specify)*
Home Phone ()		Work ()		OHIP Number			VC
Is Patient a Smoker? Y <input type="checkbox"/> N <input type="checkbox"/> Quit <input type="checkbox"/> Never <input type="checkbox"/>						Height _____ Inches/cm Weight _____ Lbs/kg	
Primary Contact Surname		Primary Contact Given Name		Phone ()		Relationship	
Referring Physician Name		Physician Number		Signature of Referring Physician (Mandatory)			
Referring Physician Address			Telephone ()		Fax ()		
Referral To:							
<input type="checkbox"/> First available thoracic surgeon (within 7 days)							
<input type="checkbox"/> Dr. Sayf Gazala <input type="checkbox"/> Dr. Najib Safieddine <input type="checkbox"/> Dr. Carmine Simone <input type="checkbox"/> Dr. Negar Ahmadi							
<input type="checkbox"/> POSSIBLE LUNG CANCER – abnormal CXR, lung nodule or worrisome symptoms such as hemoptysis							
<input type="checkbox"/> POSSIBLE ESOPHAGEAL CANCER – based on imaging, endoscopy or worrisome symptoms such as dysphagia							
<input type="checkbox"/> MEDIASTINAL MASS OR TUMOUR – based on abnormal imaging							
<input type="checkbox"/> PLEURAL DISEASE – such as pleural effusion, pneumothorax							
<input type="checkbox"/> BENIGN ESOPHAGEAL DISEASE – such as hiatus hernia, GERD or achalasia based on abnormal imaging or symptoms							
<input type="checkbox"/> METASTATIC CANCER TO THE CHEST <input type="checkbox"/> Primary site of cancer: _____							
<input type="checkbox"/> Area of concern in chest: _____							
Are the following investigations available for your patient? (<i>Please include with your referral if available</i>) *PLEASE NOTE THESE ARE NOT REQUIRED FOR REFERRAL*							
<input type="checkbox"/> CT scan <input type="checkbox"/> PFTs <input type="checkbox"/> Pathology reports <input type="checkbox"/> Procedure notes <input type="checkbox"/> Consultation notes							

