## **Regional Cancer Care Northwest Referral Process**

## REFERRAL OF NEW PATIENT for MEDICAL OR RADIATION SERVICES

Every patient with a **definitive diagnosis of cancer** (i.e. a positive tissue sample) should be referred to the Regional Cancer Care Northwest (RCC-NW).

Referrals can be faxed directly to (807) 346-8383.

## **INVESTIGATIONAL PROCEDURES**

Please note that hard copy investigational reports are required for services obtained <u>outside</u> of Thunder Bay Regional Health Sciences Centre. Copies of any investigations performed at TBRHSC are not required at part of your referral package.

To assist with determining a **definitive diagnosis of cancer**, you may refer your patient to one of the following **Diagnostic Assessment Programs** (DAP) (referral form available under Diagnostic assessment program heading) or call 684-6943:

- Lung
  - Chest X-ray or CT Scan suspicious of Lung Cancer
  - Clinical symptoms suspicious of Lung Cancer
  - Pneumonia non responsive to antibiotics in 6 weeks
  - Hemoptysis
- Breast If a breast abnormality or concern is identified
- Colorectal direct referral screening colonoscopy for patients at higher risk for Colorectal Cancer
- Lymphoma

To ensure your patient is seen and treated as quickly as possible, having the results of key investigations is important. Please note that a referral requires **pathology**, a **consult note from the referring physician**, **patient demographic information**, and a **competed referral form**. If you are unclear of the requirements to determine if cancer is present or unsure of how to access additional services, please contact our new patient referral office at (807) 684-7294 or toll free at 1(877) 696-7223. We would be happy to assist you.

It is expected that the patient has been informed of their diagnosis of cancer prior to this referral. Regional Cancer Care clerical staff contact new patients by telephone a few days after the referral is made to provide further information about their first appointment. This may cause undue stress for newly diagnosed patients if they are unaware of their diagnosis.

To access a referral form for **MEDICAL AND RADIATION ONCOLOGY**, **HEMATOLOGY** or **DIAGNOSTIC ASSESSMENT PROGRAM** services please return to the Regional Cancer Northwest web page.

## **Exceptional Cancer Care**