ST. MICHAEL'S
UNITY HEALTH TORONTO

Patient label

GENERAL SURGERY REFERRAL FORM

Division of General Surgery, 4th Floor Cardinal Carter
St. Michael's Hospital
30 Bond Street
Toronto, ON M5B 1W8

FAX REFERRAL TO: 416-864-5531

BENIGN GENERAL SURGERY

Gallbladder Disease	**Simple Hernias** (inguinal and umbilical)	**Complex Hernias** (ventral or redo)
☐ 1st Available ☐ Specific Surgeon	☐ 1st Available ☐ Specific Surgeon	☐ 1st Available ☐ Specific Surgeon

COLORECTAL SURGERY		***SURGICAL ONCOLOGY & OTHER GI CONCERNS***
Perianal Disease (hemorrhoids, fissures, fistulas)	**Complex Colorectal-Non-Cancer** (IBD, rectal prolapse)	(including screening, surveillance colonoscopy, other colorectal concerns)
☐ 1st Available ☐ Specific Surgeon	☐ 1st Available ☐ Specific Surgeon	☐ 1st Available ☐ Specific Surgeon FIT positive test CRC Urgent Referral Breast Disease ☐ Gastric cancer ☐ Small bowel cancer ☐ Appendix cancer ☐ Abdominal mass NYD ☐ Other (specify):

OTHER	
Lumps and Bumps	**Skin Pathology**
☐ 1st Available ☐ Dr. Jory Simpson	☐ 1st Available ☐ Dr. Jory Simpson

REASON FOR REFERRAL

Primary Reason for Referral / Diagnosis:

Current Medications:

Comorbidities:

URGENCY	***RECENT DIAGNOSTIC IMAGING RESULTS***
☐ Urgent (< 2 weeks) ☐ Non-Urgent	Required: If external diagnostic imaging done, patient to bring the following image(s):

REFERRING PHYSICIAN / NURSE PRACTIONER INFORMATION

Name: _____ Signature: _____

Address : _____ Date: _____

Telephone #: _____ Fax#: _____ OHIP Registration #: _____