

St. Michael's Hospital
Division of Hematology/Oncology
 2 Donnelly, 30 Bond St, Toronto ON, M5B 1W8
 Phone: 416-360-4000

Fax Referral to 416-864-3055
MEDICAL ONCOLOGY REFERRAL

Requesting Health Care Provider Name: Address: Phone Number: Billing Number: Family Physician Name/Info:	Patient Information (as per OHIP card) Last Name: First, Middle Name: DOB: Sex: M <input type="radio"/> F <input type="radio"/> Address: Phone Number: HCN: Version: St. Michaels MRN (J#) (if applicable):
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Specific Provider (if applicable): _____
 (Note that referrals may be triaged to the first available provider. If case is outside requested physician's focus (see reverse), may be triaged to another provider)

Diagnosis: _____

Reason for referral: (provide as much detail as possible)

Pathology Confirmed (provide details)? Yes No _____

Patient Aware of Diagnosis? _____

Translator Required? _____

Please attach all relevant laboratory results and imaging to the referral. (If not included, the referral may be declined)

Refer to page 2 (reverse) for referral criteria.

Medical Oncologists	Areas of Focus
Dr. Yoo-joung Ko	Gastrointestinal Malignancies
Dr. Rashida Haq	Breast Cancer
Dr. Ronita Lee	Breast Cancer, Lung Cancer, Genitourinary Cancers
Dr. Suneil Khanna	Gastrointestinal Malignancies, Lung Cancer, Genitourinary Cancers

*Gastrointestinal Malignancies includes cancer of the esophagus, stomach, liver, biliary system, pancreas, colon, and anal canal. We also do see GIST and Neuroendocrine Tumours.

*Genitourinary Malignancies includes cancer of the kidney, bladder/upper tract, and prostate. We do not see patients with germ cell/testicular cancers.

Please note that we generally do not treat patients with the following malignancies:

- Primary CNS tumours (except CNS lymphoma, use Heme Referral)
- Head + Neck Cancer
- Melanoma
- Sarcoma (except GIST)
- Germ Cell/Testicular Cancer
- Mesothelioma
- Gynecological Cancers (ovarian, endometrial, etc)

Please refer these patients to a regional cancer centre. Contact us for guidance if needed.

Please use the “CIBC Breast Centre Referral” Form for patients with early stage breast cancer

https://unityhealth.to/wp-content/uploads/2021/05/Oncology_SMH_breast-centre-referral.pdf

Please refer to the “Hematology Referral” form for information on referring patients with hematologic

conditions or malignancy. <https://unityhealth.to/wp-content/uploads/2022/11/smh-hematology-referral.pdf>

Please note:

- If the patient’s postal code falls outside the Unity Health catchment area (doesn’t start with “M”), the referral may be declined. In these cases, either contact us directly or consider referral to a local Cancer Centre. Exceptions may be made in special circumstances or if patient has other health care providers at Unity Health.
- Second opinions may be considered if coming from MD currently providing specialist care or unique circumstances (e.g. to access clinical trials, highly specialized care). In these cases, we kindly ask that you also consider contacting oncologist directly (through either phone or secured hospital e-mail).
- Please enclose relevant clinical notes, radiologic investigations, and pathology results with each referral. If tests are booked/pending results, please note this in your referral.
- We strive to see new patients within 2-4 weeks as per Cancer Care Ontario guidelines. If referrals are more urgent than this, please contact our department directly. True emergencies must be sent to emergency departments.