

St.Joseph's Health Centre / Hematology/Oncology Chemotherapy Clinic 30 The Queensway, Toronto, ON M6R 1B5

Ambulatory Care Centre

1 Glendale Wing Legacy Building

Phone: 416-530-6043 Fax: 416-530-6050

Fax Referral to 416-530-6050 **BENIGN HEMATOLOGY REFERRAL**

DEMORTIEM/ (102001 NE) ENTITE	
Requesting Health Care Provider	Patient Information (as per OHIP card)
Name:	Last Name:
Address:	First, Middle Name:
Phone Number:	DOB:
	Sex: M F Non-Binary
Billing Number:	Address:
Family Physician Name/Info:	Phone Number:
	HCN: Version:
	St. Joseph's MRN (J#) (if applicable):
□ Haematology (Specify): □ Thrombosis □ Cytopenias □ Abnormal WBC □ MGUS □ MGUS Malignant Hematology. Please refer to the Malignant Hematology referral form found on the Unity Health	
website below. https://unityhealth.to/clinics-services/chemothera	ny-clinic/
https://unityhealth.to/wp-content/uploads/2023/0	06/SJHC-oncology-clinic-referral.pdf
Please attach all relevant laboratory results (If not included, the referral may be declined Investigations Completed and Faxed Report Blood Work Imaging	d or returned to sender)
Physician Notes	



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 email).
- 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.