Mount Sinai Hospital
Sinai Health System
Joseph & Wolf Lebovic Health Complex

COLORECTAL CANCER DIAGNOSTIC ASSESSMENT PROGRAM

PLEASE COMPLETE AND FAX REFERRAL FORM TO (416) 586-4853

PATIENT INFORMATION		
Last Name:	First Name:	DOB:
Health Card #:	Version:	Gender:
Address:	City:	Postal Code:
	Preferred Phone#:	

REASON FOR REFERRAL

☐ **Diagnosed Colorectal Cancer** *(Full consult and plan to be provided within 1-2 weeks)*

- ☐ Palpable rectal mass
- ☐ Abnormal imaging highly suspicious for colorectal cancer
- ☐ Endoscopic findings suspicious for colorectal cancer/biopsy proven colorectal cancer

PLEASE ATTACH ALL REPORTS AND PROVIDE PATIENT WITH CD OF IMAGING STUDIES.
Your office and the patient will be contacted within the next 48 hours (2 work days) with an appointment date.

☐ Symptoms **highly suspicious** for **colorectal cancer** (*Full consult and plan to be provided within 2-4 weeks*)

- ☐ Unexplained iron-deficiency anemia
- ☐ Positive guaiac fecal occult blood test (gFOBT)/Positive fecal immunochemical test (FIT)
- ☐ Rectal bleeding (with absence of perianal symptoms) and 1 or more of the following: unexplained weight loss, change in bowel habits, unexplained iron deficiency anemia (males Hb≤ 110g/L and post-menopausal females Hb < 100 g/L), first degree family history of colorectal cancer, palpable abdominal mass)

PLEASE ATTACH ALL REPORTS AND PROVIDE PATIENT WITH CD OF IMAGING STUDIES.
Your office and the patient will be contacted within the next 48 hours (2 work days) with an appointment date. Medical history will be obtained from the patient and your office will be contacted if additional information is needed.

Patients with a diagnosed Colorectal Cancer will be contacted within 48 hours of receipt of referral and will receive full consult and plan within 1-2 weeks. Patients with symptoms highly suspicious of colorectal cancer will be contacted within 48 hours of receipt of referral and will receive full consult and plan within 2-4 weeks.

REFFERAL REQUEST *Note: Wait times for consults for surgeons list below will vary*

☐ **First Available Consultation Appointment**

Specific Surgeon: **Note: Wait times for consults for surgeons list below will vary**

☐ Dr. Danielle Bischof	☐ Dr. Anthony De Buck	☐ Dr. Robert Gryfe
☐ Dr. Mantaj Brar	☐ Dr. Alexandra Easson	☐ Dr. Erin Kennedy
☐ Dr. Savtaj Brar	☐ Dr. Anand Govindarajan	☐ Dr. Helen MacRae

REFFERING PHYSICIAN INFORMATION	
Referring Physician :	
Billing #:	Referral Date:
Office Phone:	Fax #

Please ensure your patient is aware of this referral as your patient will be contacted by the Diagnostic Assessment Program Coordinator. The Coordinator can be reached at 416-586-4800 ext. 2099