BREAST CENTRE REFERRAL FORM

URGENCY: □ Routine □ Urgent

Referral Date: ___/___/____ Specific Physician? □ No (first available)  □ Yes (Dr. ____________________)

ADDITIONAL PATIENT INFORMATION

Preferred Name (if different from above): ____________________________  WCH Medical Record Number (if known): ____________________________

Gender (if different from above): ____________________________  Pronouns: □ She/Her □ He/Him □ They/Them □ Other

Other insurance coverage (IFH, UHIP, etc.): ____________________________  □ Self-pay

Language spoken: ____________________________  Interpreter required: □ Yes □ No

Referring Provider is not Primary Care Provider □ Referring Provider is not Primary Care Provider

Primary Care Provider Name: ____________________________  Primary Care Provider Telephone: ____________________________

REASON FOR REFERRAL

Diagnosis and/or Clinical Question: ____________________________

Reason for referral: □ Abnormal imaging (Mammogram, MRI or Ultrasound)
□ Abnormal biopsy results
□ High risk assessment & screening
□ Genetic assessment/testing
□ Breast surgery diagnostic & treatment
□ Breast reconstruction/plastic surgery
□ High Risk Genetic Mutation Carrier
□ Abnormal Clinical Finding
□ Other: ____________________________

Please indicate area(s) of concern, if applicable: RIGHT         LEFT

FAMILY AND MEDICAL HISTORY

Current Conditions: ____________________________

Past Medical History: ____________________________

Medications: ____________________________

Cancer Related History: ____________________________

Please attach the following (if applicable) □ IBIS Risk result (to age 80)
□ BOADICEA Lifetime Risk result
□ Genetic testing
□ Imaging (Mammography, MRI, Ultrasound)
□ Operative notes/summary
□ Pathology
□ Report confirming chest radiation
WCH Breast Centre uses a patient portal called myHealthRecord (myHR) to connect with patients before and after their visit. myHR allows patients to more easily complete clinical documentation and receive materials that help them prepare for their upcoming visit. WCH will use the email address provided below to send the patient an activation code for the myHR patient portal.

Please ensure the patient has consented to your office sharing their email address for this purpose, using the consent script included below:

“Women’s College Hospital uses a patient portal called myHR. Some of your clinical documentation may be completed ahead of the appointment using the patient portal. Are you comfortable with our office providing your email address to Women’s College Hospital so that they can send an activation code to you to register for MyHR? The confidentiality of email cannot be guaranteed and is used only with your permission and at your own risk. No other personal health information will be sent to you over email. You can decide if you’d like to sign-up after reviewing the Terms and Conditions.”

Patient Consented to Office Sharing Email with WCH for Patient Portal Registration?

☐ Yes – Patient’s Email Address: __________________________

☐ No – Patient Declined

☐ No – Patient does not have email

☐ Unable to obtain consent