WCH
WOMEN'S COLLEGE HOSPITAL
Healthcare | REVOLUTIONIZED

76 Grenville Street
Toronto, Ontario
M5S 1B2

Tel: 416-323-6225 Fax: 416-323-7730

BREAST CENTRE REFERRAL FORM

PATIENT INFORMATION
(Affix Patient Label/Identification Here)

Name: _____ DOB: ___/___/____
DD/MM/YYYY

Health card: _____ Version code: _____

Full address: _____

Telephone: _____ Alternate #: _____

URGENCY: ❑ Routine ❑ Urgent

Referral Date: ___/___/____
DD/MM/YYYY

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

Allergies:

REFERRING PROVIDER INFORMATION

Name:
Address:
Telephone:
Fax:

Billing #: _____

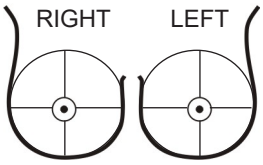
Signature: _____

❑ Referring Provider is not Primary Care Provider
Primary Care Provider Name: _____
Primary Care Provider Telephone: _____

REASON FOR REFERRAL

Diagnosis and/or Clinical Question:

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



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: _____
_____

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

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PATIENT CONSENT FOR EMAIL TO BE USED FOR PATIENT PORTAL REGISRATION

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