WOMEN'S COLLEGE HOSPITAL       76 Grenville Street         Health care for women   REVOLUTIONIZED       76 Grenville Street         Tel: 416-323-6225       Fax: 416-323-7730         REFERRAL FORM       BREAST SURGERY &         INTEGRATED HEREDITARY BREAST & PREVENTIVE       OVARIAN CANCER PROGRAM         SELECT CLINIC TYPE:       Genetics       Familial Ovarian Car         Referral Date:       /       /       Specific Physician?	No (first available)
ADDITIONAL PATIENT INFORMATION	
Other insurance coverage (IFH, UHIP, etc.)	🗌 Self-pay
Language spoken:	Interpreter required: 🗌 Yes 🔲 No
Allergies: Gender:	
REFERRING PROVIDER INFORMATION	
Name: Address: Telephone: Fax: Alternate report sent to:	Billing #: Signature: (name, contact information)
REASON FOR REFERRAL	
Diagnosis and/or chief complaint:	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         Ovarian prophylactic surgery
FAMILY AND MEDICAL HISTORY	
Does patient have family history of breast/ovarian cancer? Yes No If yes, specify: Date of last: Mammogram: YYY/MM/DD Ultrasound: YYY/MM/DD MRI: YYY/MM/DD Past and current medical history:	<ul> <li>Please attach the following (if applicable)</li> <li>Genetic test results confirming BRCA1 or BRCA 2 mutation status</li> <li>Genetic test results confirming other penetrant gene status</li> <li>IBIS Risk result (to age 80)</li> <li>BOADICEA Lifetime Risk result</li> <li>Physician report confirming prior chest radiation and the year the radiation was delivered</li> <li>Blood work</li> <li>Imaging: (Mammography, MRI, Ultrasound)</li> <li>Operative notes/summary</li> <li>Cancer pathology</li> </ul>

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