**THYROID**

**REFERRAL**

**AFTER CANCER TREATMENT TRANSITION CLINIC (ACTT)**

**PATIENTS POST TREATMENT OF THYROID CANCER**

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| **ACTT CLINIC FAX 416-323-6001** |

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| **Patient Transition Eligibility (all required)*** Excellent response to therapy based on the American Thyroid Association Guidelines
* No evidence or suspicion of recurrent, residual, or metastatic disease
* Not at high risk for recurrence as determined by treating physician
* Not currently on a clinical trial
* Not being followed up by an endocrinologist
* Agreeable to transfer of follow up and has received printed ACTT clinic information
* Within 5 years since diagnosis
* Primary address in M postal code area

**Referring Physician’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Endocrinologist Surgical Oncologist Radiation Oncologist **ACTT CLINIC VISIT IN** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_months with blood work US Other\_\_\_\_\_\_\_\_\_\_\_**Thyroid Cancer History**Details of Surgical Therapy (mm/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Details of Iodine Therapy (mm/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Follow up 131I Scan Performed (mm/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Stimulated TG (mm/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Recommend Stimulated TG NO YES, Date\_\_\_\_\_\_\_\_\_\_\_**Requires Interpreter** NO YES, language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Recommended TSH level: PLEASE CHECK ONE**

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| TSH level< 0.1mu/L | TSH level0.1-0.5 mu/L | TSH level0.3-2.0mu/l | TSH levelOther\_\_\_\_\_\_\_\_\_\_ |

Special issues\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (dd/mm/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |