**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**   |  |  |  |  | | --- | --- | --- | --- | | TSH level  < 0.1mu/L | TSH level  0.1-0.5 mu/L | TSH level  0.3-2.0mu/l | TSH level  Other\_\_\_\_\_\_\_\_\_\_ |   Special issues\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (dd/mm/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |