



WOMEN'S COLLEGE HOSPITAL 76 Grenville Street
 Toronto, Ontario
 Healthcare | REVOLUTIONIZED M5S 1B2

Tel: 416-323-7505 Fax: 416-323-6254

PHOTOTHERAPY EDUCATION & RESEARCH CENTRE (PERC) REFERRAL FORM

URGENCY: Routine Semi-Urgent Urgent

REFERRAL DATE: / /
 DD / MM / YYYY

PATIENT INFORMATION
 (Affix Patient Label/Identification Here)

MRN: _____ HCN: _____
 Name: _____
 Sex: _____ Date of Birth: _____ / _____ / _____
 DD / MM / YYYY
 Address: _____
 Telephone: _____ Alternate #: _____

Note: As PERC is a tertiary care centre, the patient will be returned to your care for follow up once treatment is completed. A 6-month light break is necessary before re-referring.

SPECIFIC PHYSICIAN: No (First available) Yes: Dr. _____

ADDITIONAL PATIENT INFORMATION

Preferred name: _____ Gender (if not same as above): _____
 Pronouns: He/Him She/Her They/Them _____
 Other insurance coverage (IFH, UHIP, etc.): _____ Self-pay
 Language spoken: _____ Interpreter required: Yes No

REFERRING PROVIDER INFORMATION

Name: _____	Billing #: _____ Signature: _____
Address: _____	
Telephone: _____	
Fax: _____	

Referring Provider is not the Primary Care Provider
 Primary Care Provider Name: _____ Phone: _____ Fax: _____

REASON FOR REFERRAL

<input type="checkbox"/> Psoriasis: Body Surface Area (BSA) _____ Dermatology Life Quality Index (DLQI) _____ <input type="checkbox"/> Cutaneous T-Cell Lymphoma (CTCL) / Mycosis Fungoides (MF) (biopsy required) <input type="checkbox"/> Other: _____ (biopsy required)	Reason for referral:
	Please confirm: <input type="checkbox"/> patient is ambulatory/can stand for at least 5 mins <input type="checkbox"/> patient can attend treatment 3 times/week for 8 weeks

ADDITIONAL CLINICAL INFORMATION

Past and current medical history:

Allergies and reaction:

Current medications (include list):

Fax Disclaimer: This fax transmission contains confidential information that is intended only for the Women's College Hospital Clinics. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of the contents of this fax is strictly prohibited. If you have received this fax transmission in error, please immediately notify the referring health practitioner at the telephone number provided above to arrange for the return or destruction of this document.

