Système de gestion de l'accès aux services

DT9027

Consultation Request
RADIATION ONCOLOGY

Section for Referring Physicians

Date of Request — Year / Month / Day

User (Additional Information)

Chart number of referring hospital | Chart number (if known) of consulted hospital | Telephone number in case of emergency — Area code

Additional Demographic Information (if embossed card is not used)

Name | Surname | Gender ☐ M ☐ F | DDB (year, month, day) | Medicare number | Exp.

Address | City | Province | Postal code

Telephone number — Area code | Mother's name and surname | Father's name and surname

Referring Institution

Referring physician (please print) | Specialty | Permit number

Referring hospital

User's Place of Origin: ☐ Home ☐ Transfer (Referring Hospital) Ward: _____
☐ Hospitalized – Internal ☐ Emergency – Internal

Referring Hospital Contact Person | Area code Telephone number | Extension | Area code Fax number

E-mail | Denominalized Code (if faxed)

Transportation requirements
☐ Mobile ☐ Ambulance ☐ Stretcher ☐ Wheelchair ☐ Adapted transport ☐ Plane ☐ Boat ☐ Other: _____

User's Family Physician

Name | Permit number | Area code Telephone number

Address

Reason for Consultation Request (Diagnosis)

☐ Breast ☐ C.N.S. ☐ ENT ☐ G.I. ☐ Gynecology ☐ Haematologic ☐ Lung ☐ Metastases
☐ Prostate ☐ Sarcoma ☐ Skin ☐ Urinary ☐ Other: _____

Date of diagnosis — Year / Month / Day

Comment: _____

Allergy (optional)

☐ None ☐ Penicillin ☐ Iodine ☐ Latex
☐ Other: _____

Infection

☐ MRSA[1]+ ☐ VRE[2]+
☐ Other: _____

Type of Radiotherapy requested

☐ Alone ☐ Combined with chemotherapy ☐ Preoperative ☐ Postoperative – Date of surgery — Year / Month / Day

[1] MRSA: Methicillin-Resistant Staphylococcus aureus – [2] VRE: Vancomycin-Resistant Enterococci

User Identification	Name and Surname

Complementary Information

Pacemaker / Defibrillator:	☐ Yes	☐ No	New radiotherapy user in institution:	☐ Yes	☐ No	If not, new type of cancer for the user?	☐ Yes ☐ No
Previous radiotherapy:	☐ Yes	☐ No	Institution			Year	

Medical Chart	Medical Summary			X-Rays			
☐ Local	☐ Included	☐ To follow	☐ Given to user	☐ Local	☐ Included	☐ To follow	☐ Given to user

Referral

Referred to: ☐ Service ☐ Radiation oncologist: Dr _____

Treatment

Chemotherapy

☐ Neo-adjuvant ☐ Concomitant (radio. and chemo.) ☐ Adjuvant

	Year	Month	Day		Year	Month	Day
Start date				End date			

Hormonotherapy

☐ Yes ☐ No

	Year	Month	Day	
Start date				Duration: _____ week(s)

Remarks

Referring Physician	Signature	Date	Year	Month	Day

FOR INTERNAL USE ONLY

Reception of Request

Received by	Date of reception	Year	Month	Day	Reception mode:

Off Site Consultation

Institution	Date	Year	Month	Day

Priority

☐ 1 ☐ 2 ☐ 3 ☐ 4

Radiation oncologist

Signature	Permit number	Date	Year	Month	Day

Access to radiotherapy – Classification by priority (CRO[1])		
Diagnosis or Clinical State	**Priority**	**Delays**
Spinal cord compression Superior vena cava syndrome Haemorrhagic syndrome (bladder, cervix, bronchus, etc.) Symptomatic cerebral metastases	**1**	1 day
Visceral, vascular or bronchial compression Painful bone metastases Less symptomatic cerebral metastases All other palliative radiotherapy Paediatric tumours which require an early start of treatment Prevention of heterotopic bone formation Keloid Pterygion	**2**	3 days
Paediatric tumours Radiotherapy alone: • ENT tumours including thyroid • Gynaecological tumours • Pulmonary tumours Radiotherapy alone or combined with chemotherapy: • Anal tumours • Bladder tumours • Pancreas tumours • Oesophagus tumours • Small cell lung carcinoma Preoperative radiotherapy of different sites (ex. rectum, sarcoma, etc.), alone or combined with chemotherapy Hodgkin's lymphomas Non-Hodgkin's lymphomas Cerebral tumours (conventional or stereotaxic radiotherapy) Total body irradiation for users in preparation for bone marrow transplant Seminomas Inflammatory breast cancer	**3**	14 days
Postoperative radiotherapy: Breast, prostate, ENT tumours, rectum, gynecological cancer, sarcoma, pancreas, etc. Lung cancer under chemotherapy Tumours requiring a systemic treatment (hormone therapy or chemotherapy) before starting radiotherapy Exclusive radiotherapy or post surgery: skin tumours Exclusive radiotherapy: prostate tumours	**4**	28 days

[1] CRO: Comité de radio-oncologie – Delays approved as of February 11, 2004.

Note: The classification by priority table was revised by the radiation-oncology advisory committee on September 7, 2004 (added diagnosis). It should be noted that this list of diagnoses or clinical situations does not pretend to be exhaustive, but should be regarded as a general framework when establishing a medical priority.