

**Endocrine Oncology and Thyroid Clinic Referral Form**

Dr. Karen Ester Gomez Hernandez  
 413- 600 University Avenue, Toronto, ON M5G 1X5  
 T: 416-586-4437 F: 416-586-8861

Date Sent: \_\_\_\_\_

<b>PATIENT INFORMATION</b>		
Last Name:		First Name:
Health Card Number & Version Code	Date of Birth (dd/mm/yyyy)	Gender
Street Address:		
City:	Province:	Postal Code:
Home Phone Number:	Cell Phone Number:	Work Phone Number:
Interpreter Services: <input type="checkbox"/> No <input type="checkbox"/> Yes: please specify patient's primary language:		
<b>PHYSICIAN INFORMATION</b>		
Referring Physician Name:		Phone Number:
		Fax Number:
Referring Physician Email:		Referring Physician Billing Number:
Family Physician Name:		Phone Number:
		Fax Number:
<b>CLINICAL INFORMATION REQUIRED: PLEASE INCLUDE AS MUCH INFORMATION AS POSSIBLE AND FAX COPIES OF ALL CONSULTATIONS, CLINICAL NOTES, DIAGNOSTIC IMAGING REPORTS AND CYTOLOGY/PATHOLOGY REPORTS</b>		
Reason for Consultation:	Diagnosis:	<b>Included reports:</b>
		Blood Work <input type="checkbox"/> Tumor Markers <input type="checkbox"/> Cytology <input type="checkbox"/> Pathology <input type="checkbox"/> Ultrasound <input type="checkbox"/> MRI <input type="checkbox"/> CT <input type="checkbox"/> Other <input type="checkbox"/>
	<b>Patient Informed of Diagnosis?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>CHECKLIST FOR A COMPLETE REFERRAL</b>		
Referral letter <input type="checkbox"/> Consult Note <input type="checkbox"/> Relevant Clinical Notes <input type="checkbox"/> Cytology Reports <input type="checkbox"/> Pathology Reports <input type="checkbox"/> Diagnostic Imaging Reports <input type="checkbox"/> <b>Patients should provide a pocket health link or bring a CD with diagnostic imaging films to their appointment unless the study was completed at Mount Sinai Hospital or the University Health Network. Incomplete referrals will be rejected.</b>		
<b>THIS PATIENT REMAINS UNDER THE CARE OF THE REFERRING PHYSICIAN UNTIL SEEN BY DR. GOMEZ HERNANDEZ</b>		