Winnipeg Regional Health Authority
Caring for Health

Office régional de la santé de Winnipeg
À l'écoute de notre santé

CancerCare Manitoba
ActionCancerManitoba

Emergency Department - Winnipeg Cancer Hub Referral Form: Fax to 204-235-0690

Phone: 1-855-837-5400

Emergency Department Location:

- ☐ St. Boniface
- ☐ Health Sciences Centre
- ☐ Seven Oaks
- ☐ Grace General
- ☐ Misericordia Urgent Care
- ☐ Victoria General
- ☐ Concordia

Date of Referral: _____ Telephone: _____

Name of Referring PHYSICIAN or NP: _____ Fax: _____

Patient Information: (if of no fixed address, alternate contact information must be indicated)

Address: _____

_____

City / Town: _____

Postal Code: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Call Contact First As Patient:

- ☐ Is hearing impaired
- ☐ Has Dementia
- ☐ Other: _____

Next of Kin / Contact Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Patient Location

- ☐ Home
- ☐ Hospital Specify: _____
- ☐ PCH Specify: _____

Language Spoken / Understood:

- ☐ English
- ☐ French
- ☐ Other: _____
- ☐ Interpreter Required

Family Physician: _____

Telephone: _____

Surgeon (if applicable): _____

Telephone: _____

PHYSICIAN OR NP TO COMPLETE: *Please attach physician discharge summary and all relevant information

Brief history and reason for consult:

_____

_____

_____

_____

_____

Suspected/confirmed diagnosis:

_____

Imaging completed:	Date completed	Urgent Requisition sent: Navigation to F/U
☐ Xray	_____	☐ _____
☐ U/S	_____	☐ _____
☐ CT	_____	☐ _____
☐ MRI	_____	☐ _____

Has Oncology referral been completed: Yes ☐ No ☐

- ☐ If yes, to whom: _____

Is the patient aware of referral to Navigation Services? ☐ Yes ☐ No

---For Office Use Only—

Referral Received: _____ Navigator Assigned To: _____ Date of Initial Contact: _____

Revision date: February 12, 2015