Trillium Health Partners

BREAST DIAGNOSTIC ASSESSMENT PROGRAM REFERRAL FORM

Phone Number: 1-866-530-4464

Diagnostic Assessment Program:

☐ Queensway Health Centre
Fax Number: 416-521-4036

☐ Credit Valley Hospital
Fax Number: 1-877-530-4425

Select the BIRADS Score (Breast Imaging Reporting and Data System):

☐ 4 - Suspicious for malignancy, biopsy should be considered
☐ 5 - Highly suggestive of malignancy, appropriate action should be taken
☐ 6 - Known biopsy-proven malignancy

Date Received (MM/DD/YYYY):

Medical Record Number (MRN):

TO ENSURE REFERRAL IS ACCEPTED, please include the following:
1) Updated breast mammogram and/or ultrasound radiology report(s);
2) Completed referral form with indicated reason for referral; and
3) Breast imaging within the last 5 years and other reports which pertain to the referral

Patients will be provided an appointment once breast imaging has been received and reviewed by Trillium Health Partners. By signing this referral, you are aware and consent to all investigations being booked on your behalf until definitive diagnosis (i.e. mammography, ultrasound, and biopsy procedures).

Patient Information (AFFIX PATIENT LABEL)

Last Name:

First Name:

Health Card Number: Version Code: Date of Birth (MM/DD/YYYY):

Address:

City:

Province: Postal Code:

Phone Number 1:

Phone Number 2:

Phone Number 3:

REFERRING PHYSICIAN INFORMATION (STAMP)

Referring Physician Name:

Address:

Phone Number: Fax Number: Billing Number:

Family Physician name:

Referring Physician Signature:

REASON FOR REFERRAL (check all that apply)

☐ Abnormal Imaging (Mammogram, Ultrasound, MRI)
*Reports Enclosed Location:

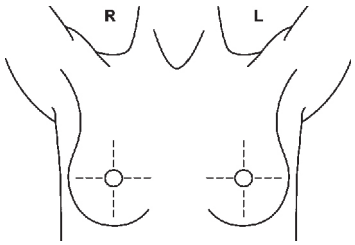
☐ Palpable Lump ☐ with abnormal imaging *Reports Enclosed
☐ without abnormal imaging *Reports Enclosed

☐ Suspicion of Inflammatory Breast Cancer (distinct changes to skin, swelling, rash, redness, orange-peel skin)

☐ Confirmed diagnoses of breast neoplasm (i.e. abnormal breast biopsy)

☐ Other (i.e. Bloody nipple discharge):

Indicate area of concern:



Current Medications (i.e. blood thinners):

Allergies:

COMMENTS: