



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 <input type="checkbox"/> M <input type="checkbox"/> 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:	<input type="checkbox"/> Home	<input type="checkbox"/> Transfer (Referring Hospital)	Ward: _____
	<input type="checkbox"/> Hospitalized – Internal	<input type="checkbox"/> Emergency – Internal	
Referring Hospital Contact Person	Area code	Telephone number	Extension
			Area code
			Fax number
E-mail	Denominalized Code (if faxed)		
Transportation requirements			
<input type="checkbox"/> Mobile <input type="checkbox"/> Ambulance <input type="checkbox"/> Stretcher <input type="checkbox"/> Wheelchair <input type="checkbox"/> Adapted transport <input type="checkbox"/> Plane <input type="checkbox"/> Boat <input type="checkbox"/> Other: _____			

User's Family Physician			
Name	Permit number	Area code	Telephone number
Address			

Reason for Consultation Request (Diagnosis)			Date of diagnosis
<input type="checkbox"/> Breast <input type="checkbox"/> C.N.S. <input type="checkbox"/> ENT <input type="checkbox"/> G.I. <input type="checkbox"/> Gynecology <input type="checkbox"/> Haematologic <input type="checkbox"/> Lung <input type="checkbox"/> Metastases <input type="checkbox"/> Prostate <input type="checkbox"/> Sarcoma <input type="checkbox"/> Skin <input type="checkbox"/> Urinary <input type="checkbox"/> Other: _____			Year
Comment: _____			Month
			Day

Allergy (optional)	Infection
<input type="checkbox"/> None <input type="checkbox"/> Penicillin <input type="checkbox"/> Iodine <input type="checkbox"/> Latex <input type="checkbox"/> Other: _____	<input type="checkbox"/> MRSA ¹⁺ <input type="checkbox"/> VRE ²⁺ <input type="checkbox"/> Other: _____

Type of Radiotherapy requested			
<input type="checkbox"/> Alone	<input type="checkbox"/> Combined with chemotherapy	<input type="checkbox"/> Preoperative	<input type="checkbox"/> Postoperative – Date of surgery
			Year
			Month
			Day

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

Access to radiotherapy – Classification by priority (CRO¹)		
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: <ul style="list-style-type: none"> • ENT tumours including thyroid • Gynaecological tumours • Pulmonary tumours Radiotherapy alone or combined with chemotherapy: <ul style="list-style-type: none"> • 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.