

**NEW PATIENT REFERRAL
TO
PRIMARY NURSE**

ADDRESSOGRAPH

Priority:

- Urgent (within 24-48 hours)* _____
 Other: _____

Date: _____ **Time:** _____ **Referral Clerk:** _____
 (YY/MM/DD)

Primary Nurse & Oncologist Practice: _____

Patient Date of Clinic Appointment: _____
 (YY/MM/DD)

Reason(s) for Referral:

- Aboriginal Patient* Primary Nurse Notified Lou Abella (Med Onc) or Sandy Garner (Rad Onc) Notified
 Ambulance Transfer Home Hospital Long-Term Care Facility: _____

Name / Location / Phone Number

Inmate (Corrections Canada): _____
 Institution / Phone Number

Infection Control MRSA VRE C-diff Other _____

Inpatient for systemic therapy or radiation therapy. Floor: _____

Outpatient for systemic therapy. Hospital: _____

Systemic Therapy: Barry's Bay Brockville Belleville Campbellford Cobourg Peterborough
 Smiths Falls Other: _____

First Language (Is not English): _____

Arrangements: _____

Physical (E.g. blindness, deafness, amputees) _____

Arrangements: _____

Mental Health (E.g. dementia, schizophrenia, phobias): _____

Emotionally Upset or Extremely Anxious on telephone: _____

Home Oxygen Vendor/Arrangements: _____

Pediatric (< 18 years) * **Primary Pediatric Nurse** *

