

## REQUEST FOR INTERNAL CONSULTATION

<b>Date:</b> _____	
<b>Tumour Site:</b> _____	<input type="checkbox"/> Med Onc <input type="checkbox"/> Rad Onc <input type="checkbox"/> Other:
<b>Request Consult within:</b> _____ days    _____ weeks <input type="checkbox"/> of New Patient appointment	
<b>Reason for Consult:</b> <input type="checkbox"/> Concurrent therapy <b>Protocol:</b> _____	
<input type="checkbox"/> Post-Chemo RT <b>Planned End of Chemo Date:</b> _____	
<input type="checkbox"/> Transfer to Another Centre: _____ <input type="checkbox"/> AC <input type="checkbox"/> CN <input type="checkbox"/> VIC <input type="checkbox"/> VC <input type="checkbox"/> FVC	
<b>Protocol:</b> _____	<b>Next Chemo Date:</b> _____
<b>Relevant History:</b> _____ <b>Interpreter needed for Language:</b> _____	
<b>Requested by:</b> _____	<b>Signature:</b> _____
<b>Received by:</b> _____ (HUC / Secretary)	<b>Date:</b> _____
<b>Sent to:</b> _____ (New Patients / Secretary)	
<b>For Triage Oncologist to complete:</b>  <b>Book to</b> _____ <b>within</b> _____ <b>days/weeks</b> <b>(circle one)</b> <b>or on specific date:</b> _____ <b>at</b> <input type="checkbox"/> FVC <input type="checkbox"/> AC <input type="checkbox"/> VC <input type="checkbox"/> VIC <input type="checkbox"/> CN  <b>Time:</b> _____ <b>minutes</b> <input type="checkbox"/> Book Interpreter <input type="checkbox"/> Patient to be notified of this appointment at upcoming New Patient visit <input type="checkbox"/> See yellow Doctor's Orders for further orders	<b>HUC/Secretary Notes</b>
<b>Triage Oncologist's Signature</b>	<b>HUC/Secretary Signature</b>
<b>Date:</b> _____	
<input type="checkbox"/> VCC    Fax No. MED ONC 1-604-877-0585; RAD ONC 1-604-877-0505 <input type="checkbox"/> FVCC    Fax No. MED ONC 1-604-587-4312; RAD ONC 1-604-930-4065 <input type="checkbox"/> AC    Fax. No. MED ONC 1-604-851-4729; RAD ONC 1-604-851-4726 <input type="checkbox"/> SAHCSI    Fax No. MED ONC/RAD ONC 1-250- 712-3911 <input type="checkbox"/> VICC    Fax No. MED ONC 1-250-519-2017/1-250-519-5595; RAD ONC 1-250-519-2018 <input type="checkbox"/> CN    Fax No. MED ONC/RAD ONC 1-250-645-7361	