



Endocrinology Thyroid Cancer Clinic Referral

Centre for Diabetes, Endocrinology and Metabolism

St. Joseph's Hospital, 5th floor

268 Grosvenor Street, London, ON N6A 4V2

Phone 519-646-6000 ext. 61294

Fax: 519-646-6043

Name: _____

DOB: _____

Address: _____

HC#: _____

PIN#: _____

Phone: _____

Email: _____

Interpreter required? Yes what language? _____

Reason for Referral:

Surveillance for recurrence of thyroid cancer post initial therapy (surgery +/- radioactive iodine)

Note: If this patient requires treatment for thyroid cancer please refer to the appropriate discipline e.g. Head and Neck Surgery, Nuclear Medicine, Radiation Oncology or Medical Oncology

Pathology:

- Papillary Follicular Medullary Other

Surgery:

- Right lobectomy Left lobectomy Total thyroidectomy

Hypoparathyroidism:

- Yes No

Priority:

- Less than 3 months (comment on reason)
 Less than 6 months
 6-12 months
 Other (provide further details)

Comments: _____

Signature: _____ Date: _____

Name (please print): _____ OHIP billing #: _____

Phone: _____ Fax: _____