Mackenzie Health

Mackenzie Richmond Hill Hospital
10 Trench Street, Richmond Hill ON L4C 4Z3
905-883-1212

Cortellucci Vaughan Hospital
3200 Major Mackenzie Drive West, Vaughan ON L6A 4Z3
905-417-2000

Mackenzie Health - ACUTE RESPIRATORY CLINIC

Referral Form

Telephone: 905-883-1212 Ext. 2004 Fax: 905-883-0772

Patient Label here

Please fax consultant notes including history of patient, bloodwork, current medications, X-ray, CT scan, pathology/cytology and other relevant reports.

PATIENT INFORMATION		
Last Name:	First Name:	
Date of Birth (dd/mm/yyyy):		
Health Card Number:	Version Code:	
Address: *(Street Number, Name)*		
City:	Province:	Postal Code:
Home Number:	Cell Number:	Other Number:
Email Address:		
Emergency Contact Name:	Relationship:	
Emergency Contact Phone number:		
PHYSICIAN INFORMATION		
Referring Physician:	Physician Billing #:	
Office Number:	Fax Number:	
Signature of Referring Physician:		
Family Physician:		
Office Number:	Fax Number:	

REFERRAL INFORMATION

☐ Lung Diagnostic Assessment Clinic **(LDAC)**
- Suspected lung malignancy (e.g. lung nodule, mass, intrathoracic lymphadenopathy, non-resolving pneumonia)
- Urgent bronchoscopy, lung biopsy

☐ Acute Respiratory Clinic-Effusion (**ARC-E**)
- Recurrent pleural effusions NYD, malignant pleural effusion, malignant ascites
- Ultrasound-guided thoracentesis/paracentesis, pleural biopsy, tunneled pleural/peritoneal catheter placement

*For non-urgent Respirology concerns, please consider referral to community Respirology offices affiliated with Mackenzie Health

CLINICAL INFORMATION/REASON FOR REFERRAL:

*For **LDAC** only, if CT not arranged yet, please indicate all that apply:

☐ Renal insufficiency ☐ Allergic to contrast

☐ Diabetic ☐ on metformin ☐ On anticoagulant Medication: _____

☐ Serum Creatinine (Within 90-days, please attach):