Lakeridge Health

Prostate Diagnostic Assessment Unit

Lakeridge Health Telephone: (905) 576-8711 ext. 6216 Fax: 905-721-7784 ...coordinating prostate cancer diagnosis and treatment in collaboration with the Central East Prostate Network...

Date of Referral: (dd/mm/yy	Patient has been informed of this referral
The Prostate Diagnostic Assessment Unit will provide patients with timely access to an interdisciplinary team.	
Members of the team include: urologist, pathologist, registered nurse and other health disciplines, i.e. social	
worker. Involvement of team members will be based on the reason for referral.	
Referring Physician	Family Physician (if differs from referring MD):
Name:	Name:
Address:	Address:
Phone: Fax:	Phone: Fax:
Physician Signature:	
Physician Billing Number:	
Patient Information (name as it appears on Health Card)	
HCN# VC Unique#	
Surname: Given Name:	Initial:
Address: City:	
Postal Code: Home Phone:	Work:
Contact: Date of Birth:	
Specify Preferred Assessment Urologist:	
Reason for Referral:	
☐ Prostate biopsy as per urologist recommendation Please indicate family MD referral date (dd/mm/yy)	
And urologist consult date (dd/mm/yy)	
Priority 1:	
☐ PSA above age adjusted average Value If NOT completed at LHC, you must:	
☐ Free/Total PSA ratio < 0.1 Value ☐ Fax the report (s) with this referral ☐ Fax the report (s) with this referral	
☐ Abnormal DRE (suspicious for malignancy) Details:	
Priority 2: ☐ Previous negative biopsy but rising PSA or presence of High-Grade Prostatic Intraepithelial Neoplasia ☐ Family history of prostate cancer ☐ Other (Patient or Physician request):	
Concerns based on family history alone, please consider referral to: Familial Oncology Program 905-576-8711 x 4253	
PDAU Centre Use Only	
Last PSA date:	
Diagnostics required:Ot	her:
	N signature:
Appointment Date & Time: Un	rologist: