CancerCare Manitoba
ActionCancerManitoba

ADDRESSOGRAPH / DYMO LABEL

# Cancer Navigation Services Referral Form

**Fax to: 1-204-235-0690**

**Toll Free Telephone: 1-855-837-5400**

**Date of Referral:** DD – MMM - YYYY
Family Physician: _____
Referral Source Name: _____
Telephone: _____
Telephone: _____
Patient Aware of Referral? ☐ Yes ☐ No

## Patient Information

Surname: _____
Given Name & Initial: _____
Previous Name(s): _____
Preferred Name (if different from given): _____
DOB: DD – MMM – YYYY
PHIN: _____
MHSC: _____
CR #: _____

Address: _____
City / Town: _____
Postal Code: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

Call Contact First As Patient: ☐ Is hearing impaired ☐ Has Dementia ☐ Other:

Emergency contact/support person name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

**Patient Location**

☐ Home
☐ Hospital Specify: _____
☐ PCH Specify: _____

Language Spoken / Understood:

☐ English
☐ French
☐ Other: _____

Need for an Interpreter : ☐Yes ☐No Specify Language: _____

## Reason for Referral (check all that apply):

☐ Suspicion
☐ Recurrence
☐ Practical resources
☐ New Diagnosis
☐ Non-Curative Disease
☐ Education and Information
☐ Psychosocial Counselling
☐ Bereavement
☐ Anxiety / Depression
☐ Other: _____

**Suspected / Confirmed Diagnosis:** _____

**Is the patient aware of diagnosis / suspicion?** ☐ Yes ☐ No

## Indicate tests that have been done / ordered / pending? Include dates and copy of available results.

**If results pending, indicate site of test**

☐ CT Date: _____
☐ X-Ray Date: _____
☐ Other: _____
☐ MRI Date: _____
☐ U/S Date: _____
☐ Tumor Markers Date: _____
☐ Bone Scan Date: _____
☐ MUGA Date: _____
☐ Blood work Date: _____
☐ Pathology / Cytology: _____

Has Oncology referral been faxed to CCMB Central Referral Office? ☐ Yes ☐ No
Have other referrals been sent? ☐ Yes ☐ No
If yes, to whom:

Additional Comments:

*** Please attach progress note or any other relevant information**

---For Office Use Only---
Referral Received: DD – MMM – YYYY Navigator Assigned To: _____

Revision Date: September 8, 2026