

CIBC Breast Centre Referral St. Michael's Hospital

30 Bond Street, Room 3034 Donnelly Wing,
Toronto, ON M5B 1W8

Telephone: 416-864-6040

Website:

www.stmichaelshospital.com/programs/breastcentre

Please Fax Completed Referral To :

Fax: 416 864 5788



St. Michael's

Inspired Care. Inspiring Science.

SMH MED. RECORD#		LAST NAME		FIRST NAME	
ADDRESS / CITY / PROVINCE					
POSTAL CODE		CELL PHONE	HOME PHONE	WORK PHONE	
DATE OF BIRTH (MONTH / DAY / YEAR)				AGE	SEX
ONTARIO HEALTH CARD #		VERSION CODE	OTHER INSURANCE		
Language Spoken _____					<input type="checkbox"/> Interpreter Required
Other: _____					

Appointment:

Type _____ Date: / / Time _____

Type _____ Date: / / Time _____

HISTORY

Patient has Breast Implants

Previous Breast Cancer

Previous Mammograms:

Yes No Reports attached

Location: _____

Date: _____ M / D / Y

Previous Ultrasounds:

YES NO Reports attached

Location: _____

Date: _____ M / D / Y

NOTE: Patients are required to bring previous images (Films/CD done outside St. Michael's Hospital to their appointment/s).

REFERRING HEALTH CARE PROVIDER

(Please print- last name, first name)

Name: _____

MOH Billing# _____

Address: _____

Postal Code: _____

Phone: _____

Fax: _____

Signature: _____

(Required field)

Date of referral: _____ M / D / Y

FAMILY DOCTOR (if different from above)

Name: _____

Location: _____

REASON FOR REFERRAL: (Description on back page)

OBSP Screening

OBSP High Risk Program

NOTE: Please complete an OBSP High Risk Referral (**Click on link below**)

<https://www.cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=99638>

Mammography Bilateral Right Left

Breast Ultrasound Right Left

NOTE: Screening ultrasounds are not done at St. Michael's Hospital

Abnormal Image Findings

Breast Pain

Nipple Discharge

New Finding

Breast Reconstruction Consultation

Breast MRI Consultation

Breast/Axilla Lump

Breast/Nipple Skin Changes

External OBSP Assessment

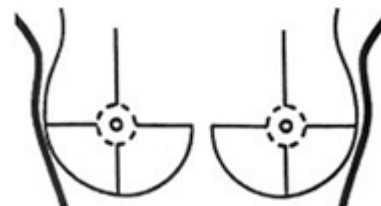
New Breast Cancer Diagnosis

Surgical Consultation

Please explain

Please mark area/s of concern

Right breast



Left breast

EXPECTED OUTCOME

This referral allows the CIBC Breast Centre to book the patient to see a Breast Surgeon, if required, and to order and complete all necessary testing, care and treatment to confirm a diagnosis.

St. Michael's Hospital CIBC Breast Centre - Program Criteria

OBSP Average Risk Mammography

- Ontario resident
- Over the age of 50 years of age
- No acute breast symptoms
- No personal history of breast cancer
- No breast implants or explants
- Have not had a mammogram within the last 11 months
- Ontario Health Card Number

No referral needed: Patients can call and book own appointment

***OBSP High Risk Mammography**

- Ontario residents at high risk for breast cancer
- Aged 30 to 69 years
- No acute breast symptoms
- OBSP Requisition for High Risk Referral must be completed and signed by a physician
<https://www.cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=99638>

OBSP High Risk Referral should be faxed and patient will be contacted by the clinic nurse

Mammography

- Women aged >40 years with no breast problems who request mammography
- Letter of referral from a physician
- Referral should be faxed, and patient will be contacted with an appointment

Candidates for Diagnostic Mammography and Breast Assessment

- Women with new breast lump or breast discharge
- Women with breast implants
- Women with breast infection or any related problem which clinically requires further evaluation
- Men with breast lumps
- Letter of referral from a physician

Referral should be faxed. Breast clinic will call patient with appointment.

Breast Ultrasound

- Women with identifiable breast concerns
- Screening breast ultrasounds are not done at this centre

Breast MRI (Magnetic Resonance Imaging)

Women must be referred to the Breast Surgeon for a clinical consultation

Appointment Requirements

- Ontario Health Card or Health Coverage
- Patients should arrange to bring previous breast images done outside St. Michael's Hospital
- Do not wear any deodorant, talcum powder