The Problem: (Reason to suspect lung or esophageal cancer)

- X-ray suspicious of cancer
- CT-scan suspicious of cancer
- Clinical symptoms suspicious of cancer
- Gastroscopy suspicious of cancer
- Inability to Swallow
- Esophageal Stricture
- Weight Loss
- Smoker
- Non Smoker

Has CT been ordered
- No
- Yes – Where: ___________________

Other, specify: ____________________________________________________________________________

Please send suspicious imaging if available with patient

Patient History:

____________________________________________________________________________________________

____________________________________________________________________________________________

Investigations to Date:

____________________________________________________________________________________________

____________________________________________________________________________________________

↓ This Area Must Be Completed ↓

Date of Patient’s Initial Consult with Referring Physician:

YYYY / MM / DD

×

SIGNATURE

YYYY / MM / DD

Signature of Referring Physician

Referring Physician Name (print):

CPSO Number:

Phone:

Fax: