

Department of Supportive Care Caregiver Clinic Referral Form

Adult family members of cancer patients who are seen at the Princess Margaret Cancer Centre can be referred to the Caregiver Clinic using this form.

Please see https://www.uhn.ca/PrincessMargaret/Clinics/Caring_for_the_Caregiver#tab1 for our referral guidelines

Date of referral: _____

Caregiver Name: _____ DOB: _____

Phone Number: Home: _____ Cell: _____

Email: _____

Permission to leave voicemails? yes no

Permission to email? yes no

Address: _____

Health Card Number: _____ Version Code: _____ Expiry Date: _____

Family Doctor Name: _____ Phone Number: _____

Reason for referral, including patient name and MRN:

Referred by: _____ (**print name**)

Phone number: _____ Signature: _____

Send Referral by: Fax: 416-946-2047 or Email: caregiverclinic@uhn.ca

Office use only: MRN: _____

Approved: yes no

Date: _____