

PATIENT INFORMATION Name, DOB, PHN, Address,
Phone, Alternate contact, Translator required

REQUESTING MD/NP INFORMATION

Name, Phone, Fax, CC / Indicate if different from family physician

CONSULTING MD/NP INFORMATION

Name, Phone, Fax



PURPOSE OF CONSULTATION

Date request received & date patient was seen

Diagnosis, management and/or treatment

Procedure issue / Care transfer / Urgency

DIAGNOSTIC CONSIDERATIONS

What do you think is going on?

- *Definitive / Provisional / Differential*

Why? (Explain underlying reason)

What else is pertinent to management?

MANAGEMENT PLAN

Goals & options for treatment & management

Recommended treatment & management

- *Rationale / Anticipated benefits & potential harms*
- *Contingency plans for adverse event(s) / Failure of treatment*

Advice given / Action(s) taken

Situation(s) that may prompt earlier review

FOLLOW-UP ARRANGEMENTS (Who does what and when)

Indicate designated responsibility for:

- *Organizing reassessment & suggested timeframes*
- *Medication changes (Clarify whether done or suggestion only)*

Further investigations

- *Recommendations*
- *Responsibility for ordering, reviewing & notifying patient*

Quality Consult Pocket Checklist
To receive more Checklists, email access.ereferral@dhs.ca
For more information, visit www.dhs.ca/QuRE

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PRIMARY CARE MD/NP INFORMATION

Name, Phone, Fax, CC / Indicate if different from family physician

REQUESTING MD/NP INFORMATION

Name, Phone, Fax



CLEARLY STATE A REASON FOR REFERRAL

Diagnosis, management and/or treatment
Procedure issue / Care transfer
Is patient aware of reason for referral?

SUMMARY OF PATIENT'S CURRENT STATUS

Stable, worsening or urgent/emergent
What do you think is going on?
Patient's expectation
Symptom onset / Duration
Key symptoms & findings / Any red flags

RELEVANT FINDINGS AND/OR INVESTIGATIONS
(Pertinent results attached)

What has been done & is available
What has been ordered & is pending

CURRENT AND PAST MANAGEMENT
(List with outcomes)

None
Unsuccessful / Successful treatment(s)
Previous or concurrent consultations for this issue

COMORBIDITIES

Medical history
Pertinent concurrent medical problems
• List other MD/NP involved in care if long-term conditions
Current & recent medications
• Name, dosage, PRN basis
Allergies / Warnings & challenges

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