

Internal Medicine Clinic Referral

Phone: 705-728-9090 Ext: 23300

Fax: 705-728-3039

Referring Physician: _____ Discipline: _____ Date: _____

Patient Name: _____ D.O.B (dd/mm/year) _____

Health Card Number: _____ Phone Number: _____

Relevant Labs Included? Yes No

Relevant Imaging Studies Included? Yes No

Previous Consultation Report Included? Yes No

***Incomplete referral form will delay appropriate triage and referral time**

Reason for Referral:

RVH ER Referral Less than 2 weeks 4 weeks _____

RVH Inpatient Discharge Urgent (1-2 days) Less than 2 weeks _____

DM with Diabetes Educator Less than 2 weeks 3 months _____

VTE or anticoagulation Less than 2 weeks 3 months _____

Perioperative consult Date of surgery: _____

Medicine Treatment Clinic Please indicate: Iron infusion IVIG Phlebotomy

Community Referral 4 weeks 3 months 6 months

Benign Hematology Referral Less than 2 weeks 4- 6 weeks _____

Please indicate reason for referral:

- Mild cytopenias (ANC greater than 1.0, Plts greater than 50)
- Anemia
- Polycythemia

The following should go directly to **SMRCP Malignant Hematology Clinic**: Multiple myeloma or MGUS, lymphocytosis, thrombocytosis, pancytopenia concerning for bone marrow failure (Hb less than 100, ANC less than 1.0, Plts less than 50, or abnormalities on peripheral blood film such as blasts)

Signature Referring Physician: _____ Billing Number: _____

Telephone Number: _____ Fax Number: _____



 Internal Medicine Clinic Referral	NAME: _____ DOB: _____ HRN: _____
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For Office Use Only:

<i>First Appointment</i>		
<i>Appointment</i> Date: _____ Time: _____	<i>Reminder</i> <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<i>Arrived:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Second Appointment</i>		
<i>Appointment</i> Date: _____ Time: _____	<i>Reminder:</i> <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<i>Arrived:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Third Appointment</i>		
<i>Appointment</i> Date: _____ Time: _____	<i>Reminder:</i> <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<i>Arrived:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Reason for 3rd appointment:</i> <input type="checkbox"/> No GP <input type="checkbox"/> Follow up labs <input type="checkbox"/> Diagnosis unclear <input type="checkbox"/> IV infusion		

<i>Target triage time achieved:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Referral appropriate:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
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