

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

**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

**Quality Referral Pocket Checklist**  
To receive more Checklists, email [access.ereferral@ahs.ca](mailto:access.ereferral@ahs.ca)  
For more information, visit [www.ahs.ca/GuRE](http://www.ahs.ca/GuRE)

**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](mailto:access.ereferral@dhs.ca)  
For more information, visit [www.dhs.ca/QuRE](http://www.dhs.ca/QuRE)