Alberta Health Services

Outpatient Parenteral Antimicrobial Therapy (OPAT) Clinic Referral

1. Consult with the OPAT Infectious Disease (ID) on call physician *(consultation is required before referral will be accepted)*
2. Complete this form fully.
3. Fax completed form, along with best possible medication history and physician orders to **780.735.5642**

Consultation Date *(yyyy-Mon-dd)*	OPAT on call physician *(print name)*	
Patient Information		
Last Name	First Name	Gender ☐ Male ☐ Female
Address		Postal Code
Phone	Date of Birth *(yyyy-Mon-dd)*	PHN

The patient
- ☐ is mobile and ambulatory
- ☐ is able to get to and from the clinic daily *(i.e. has transportation or transportation has been provided)*
- ☐ has been given analgesics and has adequate pain control
- ☐ has an infection as his/her only active problem
- ☐ has comorbidities that are stable
- ☐ does not require major surgical interventions for his/her infection
- ☐ has been accepted to the OPAT clinic by the OPAT Infectious Disease physician

Reason for Referral

Investigations to date

Antimicrobial treatment to date

Proposed Treatment in OPAT Clinic

Additional Consultations ***(Infectious Disease specialists who have been contacted prior to this referral)***

Name	Phone	Date *(yyyy-Mon-dd)*
Name	Phone	Date *(yyyy-Mon-dd)*

Referral Source

Name	Phone/Pager	Date *(yyyy-Mon-dd)*