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
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