

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

PRIMARY CARE PROVIDER INFORMATION
Name, Phone, Fax, CC/ Indicate if different from family physician

REFERRING PHYSICIAN 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?
Symptom onset / duration
Key symptoms and 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 physicians involved in care if long-term conditions*
Current & recent medications
• *name, dosage, PRN basis*
Allergies / Warnings & challenges

quality/referral/evolution

TO RECEIVE MORE CARDS & INFORMATION www.dhs.ca/QuRE

QuRE

Quality Referral Pocket Checklist



PATIENT INFORMATION Name, DOB, PHN, Address,
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REFERRING PROVIDER INFORMATION

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

CONSULTING PROVIDER INFORMATION

Name, Phone, Fax

PURPOSE OF CONSULTATION

Date referral 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 and suggested timeframes*
- *medication changes (clarify whether done or suggestion only)*

Further investigations

- *recommendations*
- *responsibility for ordering, reviewing & notifying patient*

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Quality Consult Pocket Checklist

ONLINE SURVEY <http://bit.ly/1W0cB9V>