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

Clear Reason for Referral

- · Diagnosis, management and/or treatment
- Procedure issue/Care transfer
- · Is patient aware of reason for referral?

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 (Results Attached)

- What has been done & is available
- What has been ordered & is pending

Current & Past Management (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
- · 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
 - $_{\odot}$ $\,$ Rationale/Anticipated benefits & potential harms
- o Contingency plans for adverse event(s)/Failure of treatment
- Advice given/Action(s) taken
- Situation(s) that prompt earlier review

Follow-Up Plan

- Indicate designated responsibility for:
 - o Organizing reassessment & suggested timeframes
 - o Medication changes (Clarify complete or suggestion only)
- Further investigations
 - Recommendations
 - Responsibility for ordering, reviewing & notifying patient

To receive more Checklists, email access.ereferral@primarycarealberta.ca For more information about QuRE, visit ahs.ca/QuRE