

AFFIX PATIENT LABEL

**Inpatient Referral: Internal Medicine Clinic – GIMRAC**  
 Telephone: 519-749-4300 Ext. 2910 Fax: 519-749-4448

The following form **MUST** be completed by the Referring Physician

The following form and Horizon Order **MUST** be completed before the patient is discharged

Date of Referral:	
Expected date of discharge (yyyy/mm/dd): _____ Does this referral facilitate early discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No, it's for continued patient follow up If yes, approximately how many days? <input type="checkbox"/> 1 – 2 days <input type="checkbox"/> 3 – 5 days <input type="checkbox"/> 6 or more days	
Reason for Referral: <i>In short, what medical issues and outstanding investigations are to be addressed at the clinic?</i>           	
Urgency, post discharge:	<input type="checkbox"/> Urgent – within 72 hrs or 3 business days <input type="checkbox"/> Non-urgent: <input type="checkbox"/> within 7 days <input type="checkbox"/> 8 – 14 days
Referring MD:	Printed Name:  Physician's Signature:  Physician Billing Number:  Date of Referral:

## Referral – Information and Instructions

Internal Medicine Clinic – GIMRAC

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**MANDATE** – To provide expedited access to general internal medicine consultations for outpatients.

### STEP 1 – BEFORE COMPLETING THE REFERRAL FORM

Physician referral is required.

Example criteria for referral include, but not limited to:

- Benign Hematology: Chronic anemia, sickle cell follow up, low platelets, etc.
- Infectious disease: Fever NYD
- Chest pain NYD with negative blood work
- HTN (newly diagnosed and or acute on chronic), headache, etc.
- Weight loss NYD
- Abnormal X-ray: Mass, effusion
- Idiopathic DVT/PE
- Post-discharge follow up

### STEP 2 – COMPLETING THE REFERRAL FORM

- Include all known information relevant to this referral
- Indicate any outstanding orders that require follow up at the Internal Medicine Clinic appointment
- Include any relevant results that are not available on Clinical Connect

### STEP 3 – AFTER COMPLETING THE REFERRAL FORM

- Fax to 519-749-4448
- Complete a Horizon Order – MUST BE COMPLETE BEFORE THE PATIENT IS DISCHARGED
- Provide patient with Internal Medicine Clinic pamphlet before discharge
- Inform patient of any investigations or blood work needed prior to clinic appointment

**IN ALL CASES, THE INTERNAL MEDICINE CLINIC STAFF WILL SCHEDULE AN APPOINTMENT AND CONTACT THE PATIENT DIRECTLY.**