

Patient Name:

Gender: M/F/O

DOB:

HCN:

Address:

Community Referral to:

- Internal Medicine Clinic - GIMRAC
- Non-Malignant Hematology Clinic

Phone #:

Alternate Phone #

Telephone: 519-749-4300 Ext. 2910

Fax: 519-749-4448

**This is not a crisis or emergency referral service.
For emergencies, call 911 or proceed to the nearest Emergency Room**

The following form **MUST** be completed by the Referring Physician
see reverse (page 2) for instructions

Date of Referral:									
Reason for Referral:	<input type="checkbox"/> To avoid ED visit <input type="checkbox"/> To access internal medicine services <input type="checkbox"/> To access non-malignant hematology services								
Accessibility: <i>Does the patient require any special assistance?</i>									
Diagnosis: <i>In short, what medical issues are to be addressed in clinic?</i>									
Attach results of relevant investigations that are not available on Clinical Connect									
<input type="checkbox"/> Labs/Imaging Reports <input type="checkbox"/> Other:									
Urgency:	<input type="checkbox"/> 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:	<table style="width: 100%;"> <tr> <td style="width: 50%;">Printed Name:</td> <td style="width: 50%;">Physician Signature:</td> </tr> <tr> <td>Address:</td> <td style="text-align: center;"><i>(MANDATORY)</i></td> </tr> <tr> <td>Telephone Number:</td> <td>Fax Number:</td> </tr> <tr> <td>Physician Billing Number:</td> <td></td> </tr> </table>	Printed Name:	Physician Signature:	Address:	<i>(MANDATORY)</i>	Telephone Number:	Fax Number:	Physician Billing Number:	
Printed Name:	Physician Signature:								
Address:	<i>(MANDATORY)</i>								
Telephone Number:	Fax Number:								
Physician Billing Number:									

Fax to: 519-749-4448

Community Referral – Information and Instructions

Internal Medicine Clinic – GIMRAC

Telephone: 519-749-4300 ext. 2910 Fax 519-749-4448

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:

GIMRAC	Non-Malignant Hematology
<ul style="list-style-type: none"> • Patient must be 18 years of age or older • 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 	<ul style="list-style-type: none"> • Patient must be 18 years of age or older • Benign Hematology: Chronic anemia, sickle cell follow up, low platelets, etc. • Thrombosis/hemostasis • Hemoglobinopathies • Cytopenias/cytoses • 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/Non-Malignant Hematology 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
- Provide patient with Internal Medicine Clinic/Non-Malignant Hematology Clinic pamphlet
- 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.