



# WRHN

Waterloo Regional  
Health Network

Patient Name:

Gender: M/F/O

DOB:

HCN/VC:

Full Address:

## Community Referral to:

☐ Internal Medicine Clinic - GIMRAC

Phone #:

Alternate Phone #

☐ Non-Malignant Hematology Clinic

Email:

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.**

**Chronic conditions greater than 6 months will not be seen in this rapid assessment clinic.**

The following form **MUST** be completed by the Referring Physician  
**\*\*IF NO HEALTHCARD NUMBER YOU MUST PROVIDE INSURANCE  
INFORMATION. THERE ARE BOTH HOSPITAL AND PHYSICIAN FEES\*\***

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> <input type="checkbox"/> Interpreter Services Needed <input type="checkbox"/> Language _____									
Diagnosis: <i>In short, what medical issues are to be addressed in clinic?</i> <input type="checkbox"/> Duration of Symptoms									
<b>Attach results of relevant investigations that are not available on Clinical Connect</b> <input type="checkbox"/> Labs/Imaging Reports <input type="checkbox"/> Other:									
Referring MD:	<table><tr><td>Printed Name:</td><td>Physician Signature: (MANDATORY)</td></tr><tr><td>Address:</td><td></td></tr><tr><td>Telephone Number:</td><td>Fax Number:</td></tr><tr><td>Physician Billing Number:</td><td>Physician CPSO Number:</td></tr></table>	Printed Name:	Physician Signature: (MANDATORY)	Address:		Telephone Number:	Fax Number:	Physician Billing Number:	Physician CPSO Number:
Printed Name:	Physician Signature: (MANDATORY)								
Address:									
Telephone Number:	Fax Number:								
Physician Billing Number:	Physician CPSO Number:								
Pharmacy Information:	<table><tr><td><input type="checkbox"/> Pharmacy Name and Address:</td><td></td></tr><tr><td><input type="checkbox"/> Telephone Number:</td><td><input type="checkbox"/> Fax Number:</td></tr></table>	<input type="checkbox"/> Pharmacy Name and Address:		<input type="checkbox"/> Telephone Number:	<input type="checkbox"/> Fax Number:				
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***We are live with Ocean Referrals***

**Fax to: 519-749-4448**



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## 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"><li>• Patient must be 18 years of age or older</li><li>• Benign Hematology: Chronic anemia, sickle cell follow up, low platelets, etc.</li><li>• Infectious disease: Fever NYD</li><li>• Chest pain NYD with negative blood work</li><li>• HTN (newly diagnosed and /or acute on chronic, headache, etc.</li><li>• Weight loss NYD</li><li>• Abnormal X-ray: Mass, effusion</li><li>• Idiopathic DVT/PE</li><li>• Post discharge follow up</li></ul>	<ul style="list-style-type: none"><li>• Patient must be 18 years of age or older</li><li>• Benign Hematology: Chronic anemia, sickle cell follow up, low platelets, etc.</li><li>• Thrombosis/hemostasis</li><li>• Hemoglobinopathies</li><li>• Cytopenias/cytoses</li><li>• Post discharge follow up</li></ul>

### 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.**