



## FOR REFERRING PHYSICIANS/NPs

### PATIENT DETAILS

Name, DOB, PHN, Gender, Address, Phone, Alternate Contact, Translator Required, Any potential compliance or mental health issues

### PRIMARY CARE PROVIDER DETAILS

Ensure letter is cc'd to other SPs involved in care.

### REFERRING PHYSICIAN DETAILS

### 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/red flags

### RELEVANT FINDINGS AND/OR INVESTIGATIONS

(attach results)

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

### CURRENT AND 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 physicians involved in care)
- Current and recent medications (name, dosage, PRN basis)
- Allergies, warnings and challenges



## FOR SPECIALISTS

### PATIENT DETAILS

Name, DOB, PHN, Gender, Address, Phone, Alternate Contact, Translator Required

### REFERRING PROVIDER DETAILS

Reminder: Acknowledge referral letter receipt and provide triage/wait times information to referring provider

### CONSULTING PROVIDER DETAILS

### PURPOSE OF CONSULTATION

- Date received and date patient was seen
- Diagnosis, management and/or treatment
- Procedure issue/care transfer/urgency

### DIAGNOSTIC CONSIDERATIONS

- What do you think is going on?
- Why (underlying reason?)
- What else is pertinent to management?

### MANAGEMENT PLAN

- Goals and options for treatment and management
- Recommended treatment and management (rationale, anticipated benefits, potential harms, contingency plan for adverse event(s) failure of treatment)
- Advice given/actions taken
- Situation(s) that may prompt earlier review

### FOLLOW-UP ARRANGEMENTS

(who does what, when)

- Indicate designated responsibility for organizing reassessment and suggested time frames, medication changes (clarify if done or suggestion only)
- Further investigations (recommendations, responsibility for ordering, reviewing and notifying patient)

### TEACHING/LEARNING OPPORTUNITIES (optional)