Victoria Division of Family Practice — A GPSC initiative

island health

South Island Division of Family Practice — A GPSC initiative

GREATER VICTORIA (COVID-19) ASSESSMENT CLINIC REFERRAL

For safe physical exam & collaborative management of patients

most-recent forms on Pathways & capeclinic.ca

PATIENT INFORMATION
Last name
First name
Date of birth (YYYY/MM/DD)
PHN
Contact # 1) 2)
Street address
2019-nCoV status: ☐ Unknown ☐ Positive ☐ Negative Test date (if available) (YYYY / MM / DD):
Date of Referral (YYYY / MM / DD):

REFERRING MD/NP
Referring practitioner
MSP #
Clinic Name Street Address Fax Phone **Cell Phone*** (* critical for urgent collaborative mgmt & F/U plan)
Primary care provider ☐ Same as ordering practitioner
Copy to (full name)

1
- Pre-COVID, would you have sent this patient to the Emergency Department for immediate or same-day care?
- Is this patient having Chest Pain, in extremis, in danger of deteriorating rapidly, or have any other Red Flags?
- Does this patient need to be seen **emergently** (if **urgently within 24 hours**, see #2)

→ **Send Pt to Emergency Department**

2
For **urgent NOT emergent** care. **If you require same-day urgent care**, call 250-519-6919, 8 am–8 pm, 7 days.
- ☐ An urgent pelvic, genital or rectal exam (e.g. Bartholin's, Scrotal pain/mass, Pelvic Inflammatory Disease)
- ☐ A slit lamp exam for foreign body or chemical exposure in eye, corneal abrasion or similar trauma, etc.
- ☐ Mental Health services (available M–Th)
- ☐ IV antibiotics or IV fluids
- ☐ Wound care (and no community wound care nurse is available—please try community care first)

→ **Urgent Care Centre**

Complete form. For #7 put **WUPCC** as specific site

3
A) There are **any** high-risk COVID symptoms (below), AND
B) the physical exam **cannot wait** until symptoms have resolved for 10 days.

→ **Higher-risk exam clinic**: Mark **Higher-risk** in #7

Otherwise → **Lower-risk CAPE clinic**: Mark **Lower-risk** in #7

4 High-risk symptoms

- ☐ COVID-positive (and less than 10 days since symptom onset; lingering cough is okay)
- ☐ Less than 14 days since contact with a confirmed/presumed COVID-positive person
- ☐ Returning traveler **within** 14-day isolation period

☐ Chest Pain	☐ Fatigue	☐ Headache	☐ Loss of smell/taste	☐ Nausea/Vomiting*
☐ Fever	☐ Dyspnea	☐ Chills	☐ Rhinorrhea	
☐ Cough	☐ Myalgias	☐ Sore Throat	☐ Diarrhea*	

* if Diarrhea, Nausea or Vomiting without respiratory symptoms then **low** risk

5 Clinical question warranting exam:

Needs to be seen ☐ next business day ☐ 2-3 business days ☐ within 1 week ☐ 1–2 weeks ☐ q ___ wks for injection

6 Attach OR Write

☐ Copy of the tele-visit encounter note **AND** ☐ Chart Summary (please include PMHx, Allergies, Meds)

- Chief Complaint
- Other Symptoms
- Preliminary Diagnosis
- Differential Diagnosis
- Possible management plan (optional)
- Chronic Conditions/Comorbidities
- Allergies
- Meds

7

Does #4 have ANY YES?: ☐ **Higher-risk**
Fax to Island Health **250-475-7656**

Is #4 ALL NO: ☐ **Lower-risk. Refer pt to:**
☐ Any CAPE clinic ☐ Specific clinic:

Fax to CAPE central fax **778-402-7553**

FOR CAPE/ISLAND HEALTH CLINIC USE ONLY Appointment Date: Time: Location:

This form is NOT for COVID testing: see medicalstaff.islandhealth.ca for that form