

# NWT Clinical Practice Information Notice

UPON RECEIPT: (1) PLEASE FOLLOW THE DIRECTIONS BELOW  
(2) FILE THIS NOTICE IN SECTION C, CLINICAL PRACTICE INFORMATION BINDER FOR FUTURE REFERENCE

The following clinical practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

Hospitals

Community Health Centers

Public Health Units

Doctors' Offices

Social Services Offices

Other: \_\_\_\_\_

The information contained in this document is a Departmental:

Policy

Standard

Protocol

Procedure

Guidelines

## Title: Territorial Specialist Referral Form

Effective Date: November 1<sup>st</sup>, 2010

### Statement of approved clinical practice:

**The Deputy Minister of Health and Social Services, upon recommendation of the Medical Directors' Forum, approves the Territorial Specialist Form for immediate use by health care practitioners.**

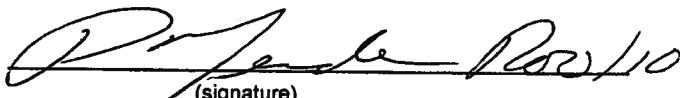
**Do not use any other forms to initiate specialist referrals and complete the required information to facilitate the expedient handling of the form.**

### Attachments:

- **Territorial Specialist Referral Form**

An electronic copy of this notice and the form for printing is also available on the Department of Health and Social Services Public Website at: <http://www.hlthss.gov.nt.ca> Once you have accessed the site, click on "Manuals". The Clinical Practice Information Notice can be found in the *NWT Clinical Practice Information* manual. To print the form, click on 'Forms' which will enable you to print the form for use.

This clinical practice is approved.



(signature)

Deputy Minister



Chief Public Health Officer

Director, Child & Family Services

Director, Adoptions



# NWT Specialist Referral Form

Family  
MD/NP:

Name:

Date of Birth (d/m/y): / / PHN:

Address:

Current Phone:

Date (d/m/y): / / Referring Clinician:

MD  CHN  NP  RM

Referring Clinic:

Routine  URGENT!

Service:  General Surgery

OB/Gyne

Orthopedics

Pediatrics

Ophthalmology

Internal Medicine

Psychiatry

Urology

ENT

NOW Program

Other:

Specific Specialist:

Reason for Referral:

## Medications

(Patient to bring all meds to appointment):

Past History:

Allergies:

Investigations:

Height:

Weight:

BP:

Lab & Imaging reports attached

OR reports & D/C summaries attached

Specialist checklist reviewed

## SPECIALIST CLINIC USE ONLY

### Triage Level

- URGENT - see within \_\_\_\_ week(s)
- Semi-urgent - see within \_\_\_\_ month(s)
- Elective
- Next visiting specialist clinic

Declined

- Re-refer when work-up is complete with ALL relevant information
- Re-refer if initial management is not effective
- Other - see notes

Notes: \_\_\_\_\_

Copy  
To:

Appointment  
Date & Time:

Reviewed  
By:

Reviewed  
Date:

Placed on  
Waitlist - Date:

**Dear Primary Care Clinician,**

This form is designed to facilitate communication, ensure timely appointments, and avoid duplicate investigations and travel. Please fill it out **completely and legibly**. If required, please append an additional page, and **please ensure your patient's telephone number is current**.

- Guidance with primary investigation and treatment can be obtained from the Gynecology, Urology, and Internal Medicine checklists or via a discussion with a Stanton Specialist - we are a phone call away. You will receive a copy of this form once your patient has been booked or if further action from your clinic is required.
- **FOR URGENT REFERRALS**, please confirm with the specialist's office by phone and ensure any pending investigations are copied to our clinic. We will book an appointment prior to receiving the investigation results.
- **FOR REGULAR REFERRALS**, as much as possible **please complete the initial work-up prior to sending the referral**, and send all pertinent lab results **with the initial referral**. Incomplete referrals may be declined, requiring re-referral accompanied by the pertinent information.
- **FOR YELLOWKNIFE REFERRALS**, please complete necessary diagnostic imaging and include reports with the referral. We do not have a mechanism to reliably collect "pending results."
- **FOR OUT OF TOWN REFERRALS** requiring travel for diagnostic imaging in Yellowknife, **please help avoid duplicate travel**. For **Urology** referrals, the Stanton Medical Clinic will arrange both the diagnostic imaging and consultation appointments. For **all other specialties**, you should arrange diagnostic imaging and notify us of the imaging appointment time on the referral form so we can coordinate the consultation accordingly. On the radiology requisition, please request a preliminary report be sent to the appropriate specialist clinic.

**Thank you for your referral.**

**Yellowknife Specialist Services Fax & Telephone Numbers:**

	<u><b>Fax:</b></u>	<u><b>Telephone:</b></u>
Internal Medicine & ENT	(867) 920 - 4271	(867) 669 - 3100
General Surgery	(867) 669 - 4139	(867) 669 - 4127
Obstetrics & Gynecology	(867) 669 - 4139	(867) 669 - 4370
Orthopedics, Paeds Ortho & Backs	(867) 669 - 4139	(867) 669 - 4126
Pediatrics & Paeds Cardiology	(867) 669 - 4139	(867) 669 - 4124
Urology	(867) 669 - 4139	(867) 669 - 4123
Ophthalmology	(867) 920 - 7992	(867) 873 - 3577
NOW (Northern Options for Women)	(867) 873 - 3516	(888) 873 - 5710 (toll free) (867) 873 - 5710
Psychiatry	(867) 873 - 0487	(867) 873 - 7042
Vasectomy	(867) 873 - 3515	(867) 873 - 3512
Methadone	(867) 920 - 7711	(867) 920 - 7777
Geriatrics	(867) 873 - 3515	(867) 873 - 3512
<b>Inuvik Special Clinics Booking:</b>	(867) 777- 8036	(867) 777 - 8135 or 8144