



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>Fax:</u>	<u>Telephone:</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) 765 - 7715
Vasectomy	(867) 873 - 3515	(867) 873 - 3512
Methadone	(867) 920 - 7711	(867) 920 - 7777
Geriatrics	(867) 873 - 3515	(867) 873 - 3512
Inuvik Special Clinics Booking:	(867) 777- 8036	(867) 777 - 8135 or 8144