

# Saskatchewan Quality Referral Pocket Checklist

**PATIENT:** Name, DOB, HSN, Gender, Address, Phone, Alternate contact, Translator required

**PRIMARY CARE PROVIDER:** Name, Phone, Fax, CC/indicate if different from family physician

**REFERRING PHYSICIAN:** Name, Phone, Fax

## CLEARLY STATE 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 / any red flags

## RELEVANT FINDINGS AND/OR INVESTIGATIONS

*(pertinent results attached)*

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

## CURRENT AND PAST MANAGEMENT

*(list 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 if long-term conditions)*
- Current and recent medications *(name, dosage, PRN basis)*
- Allergies/ Warnings and challenges

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# Saskatchewan Quality Consult Pocket Checklist

**PATIENT:** Name, DOB, HSN, Gender, Address, Phone, Alternate contact, Translator required

**REFERRING PROVIDER:** Name, Phone, Fax, CC/indicate if different from family physician

**CONSULTING PROVIDER:** Name, Phone, Fax

## PURPOSE OF CONSULTATION

- Date referral 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? (*definitive/provisional/differential*)
- Why? (*explain underlying reason*)
- What else is pertinent to management?

## MANAGEMENT PLAN

- Goals and options for treatment and management
- Recommended treatment and management
  - » *rationale anticipated benefits and potential harms*
  - » *contingency plan for adverse event(s) / failure of treatment*
- Advice given / Action(s) 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*

*Adapted with permission from Quality Referral Evolution (QuRE) Working Group, Alberta*



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