

“How to use” tips for Referral 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

Keep everyone in the loop. Who needs to know? The referring physician isn't always the family physician. Keep everyone informed.

CLEARLY STATE REASON FOR REFERRAL

- Diagnosis, management and/ or treatment
- Procedure issue/care transfer
- Is patient aware of reason for referral?

Be clear and specific. What questions you need answered and why you are referring this patient. Be clear about the outcome you expect.

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

Cover all the basics. Include all must-know clinical information relevant to patient's condition that has a direct impact on patient and referral status (urgent or non-urgent).

RELEVANT FINDINGS AND/OR INVESTIGATIONS (pertinent results attached)

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

Remove duplicate tests. Ensure you include all tests ordered to avoid unnecessary retesting. Highlight clinically relevant findings.

CURRENT AND PAST MANAGEMENT (list with outcomes)

- None
- Unsuccessful/successful treatment(s)
- Previous or concurrent consultations for this issue

Be thorough. Describe what has been tried, the outcome and why this consult is being requested.

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

Provide details. Include all relevant medical history to help the consultant assess the complexity and urgency of a referral.

“How to use” tips for Consult Checklist

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

Keep everyone in the loop. Who needs to know? The referring physician isn't always the family physician. Keep everyone informed.

Be clear and specific. Why you saw the patient and highlight if the urgency changed. Ensure you address referring physician's concerns and outcome expected.

Give your opinion and support your conclusion. Clearly state the diagnosis. Provide the underlying reason(s) for your diagnosis; and reasons for any additional tests, management plan, etc.

Exchange information to avoid confusion. Be specific about what the patient was told—both with respect to the diagnosis and the treatment plan. Communicate back to referring physician any important information about patient's concerns and response to diagnosis.

Eliminate doubt and uncertainty. Specify who does what regarding recommendations. Be clear and concise about responsibilities and follow-up expectations.