



DT9268

ADULT INTERNAL MEDICINE CONSULTATION

Internists are able to respond to consultation requests found on the forms from the other medical specialties based on practice profiles each has indicated to the CRDS (please see other side).

Patient's first and last name			
Health insurance number		Year	Month
		Expiry	
Parent's first and last name			
Area code	Phone number	Area code	Phone number (alt.)
Address			
Postal code			

Note: Refer to the clinical alerts on the back of the form and favor, if available, the protocols of the Accueil Clinique before filling it out.

Clinical priority scale: A: ≤ 3 days B: ≤ 10 days C: ≤ 28 days D: ≤ 3 months E: ≤ 12 months			
Step 1 – Identify the conditions involved:			
<input type="checkbox"/> Chest pain <input type="checkbox"/> Short of breath <input type="checkbox"/> Weight loss > 10% <input type="checkbox"/> Peripheral edema <input type="checkbox"/> COPD <input type="checkbox"/> Renal insufficiency	<input type="checkbox"/> CAD <input type="checkbox"/> Atrial fibrillation <input type="checkbox"/> CHF <input type="checkbox"/> HTN <input type="checkbox"/> Diabetes ¹ <input type="checkbox"/> Dyslipidemia	<input type="checkbox"/> Liver disease <input type="checkbox"/> Inflammatory arthritis <input type="checkbox"/> Raynaud <input type="checkbox"/> Collagen vascular dz <input type="checkbox"/> Thyroid dz <input type="checkbox"/> Anemia	<input type="checkbox"/> Imaging abnormalities (e.g. thyroid/pulmonary/adrenal nodule(s), adenopathy, etc.) <input type="checkbox"/> Laboratory abnormalities (e.g. transaminitis, ESR, CRP, ANA, etc.) <input type="checkbox"/> Other: Provide more details in the "Suspected diagn." section
Step 2 – Reason for consultation and clinical priority:			
<input type="checkbox"/> Reevaluation of diagnosis or treatment in stable patient			E (≤ 12 months)
<input type="checkbox"/> Condition(s) to be investigated or that is/are not controlled			D (≤ 3 months)
<input type="checkbox"/> Condition(s) that is/are unstable (Prerequisite: justification in the "Suspected diagn." section)			C (≤ 28 days)
<input type="checkbox"/> Condition(s) that is/are semi-urgent (please see other side for list) ²			B (≤ 10 days)
OR Select one of the specific conditions below for which the clinical priority has already been determined			
Vascular Medicine	Venous thromboembolic disease (DVT or PE)	<input type="checkbox"/> Evaluation post-treatment initiation (Dx confirmed and treatment started) (Prerequisite: test report)	C
		Use the Accueil Clinique form if available	
	Arterial vascular disease	<input type="checkbox"/> Recurrent or suspected thrombophilia	D
		<input type="checkbox"/> Carotid: asymptomatic	D
Preop	<input type="checkbox"/> Preop ¹ or pre-intervention assessment (Prerequisite: specify the type of intervention and its clinical indication)	<input type="checkbox"/> Claudication: stable, intermittent	E
		<input type="checkbox"/> Claudication: progressive, intermittent	C
		Anticipated date of procedure	
Medical Problems of Pregnancy	Refer to the Obstetrical Medicine if available (in this case, don't use the CRDS form)		
	Pre-existing condition(s): (HTN, DM, VTE, collagen vascular disease, etc.)		
	<input type="checkbox"/> Pre-pregnancy evaluation	D	
	<input type="checkbox"/> Pregnant	C	
	Thyroid dz during pregnancy	<input type="checkbox"/> T4 abnormal B <input type="checkbox"/> T4 normal C	
	HTN during pregnancy	<input type="checkbox"/> 1 st - 2 nd trimester C <input type="checkbox"/> 3 rd trimester B	
Thrombocytopenia during pregnancy	<input type="checkbox"/> 1 st - 2 nd trimester C <input type="checkbox"/> 3 rd trimester B		
<input type="checkbox"/> Gestational diabetes	B		
Suspected diagnosis and clinical information (mandatory)			If prerequisite is needed:
			<input type="checkbox"/> Available in the QHR
			<input type="checkbox"/> Attached to this form
Special needs:			
Referring physician identification and point of service			Stamp
Referring physician's name		Licence no.	
Area code	Phone no.	Extension	
Area code	Fax no.		
Name of point of service			
Signature		Date (year, month, day)	
Family physician: <input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician			Registered referral (if required)
Family physician's name			If you would like a referral for a particular physician or point of service
Name of point of service			

The conditions a specialist in internal medicine is able to assess are not limited to the internal medicine form

- You may use the forms from other specialties to refer to internal medicine. In order to do this, in the “nominative” section, please indicate “internal medicine”.

Legend

¹ Refer to the appropriate clinic if available in your area (e.g. Obstetrical Medicine, diabetes clinic, preop or pre-intervention assessment clinic, etc.)

² **List of condition(s) that is/are semi-urgent (priority B ≤ 10 days):**

- Severe stable angina (CCS 3/4) – **Use the “Accueil Clinique” form if available**
- Pronounced exertional dyspnea (NYHA = 3/4), new-onset
- Hyperthyroidism (TSH ↓) with free T4 > 2X upper limit of normal – **Use the “Accueil Clinique” form if available**
- De novo suspected type 1 diabetes without acidosis and without ketonuria
- Abnormal liver enzymes, with ALT between 201-500 IU enzymes and normal INR
- Jaundice with total bilirubin > 60, or > 40 with dilated bile ducts on the ultrasound with normal INR
- Non iron deficient anemia Hb < 85 g/L With other cytopenia
- Suspicion of lymphoma (lymph node > 5 cm or B symptoms)
- AKI with increase in creatinine > 100% or CKD with eGFR < 20 ml/min
- Suspicions pulmonary lesion > 15 mm – **Use the “Accueil Clinique” form if available**
- Acute exacerbation of COPD with **failed** action plan
- Polymyalgia rheumatica de novo or flare without signs of temporal arteritis

Clinical alerts (non exhaustive list)

Refer the patient to the Emergency-department

- Suspected acute coronary syndrome, angina when resting or decompensated heart failure
- Rapid atrial fibrillation ≥ 110 bpm when resting or poorly tolerated
- Dyspnea at rest or rapidly progressing
- Venous thromboembolic disease or suspected pulmonary embolism without treatment
Use the “Accueil clinique” form (if available) and, depending on the patient’s condition
- Acute peripheral ischemia
- Severe acute hepatitis (ALT > 500) or ascites (1st episode or with fever)
- Severe anemia (Hb < 70 g/L) or symptomatic anemia
- Severe symptomatic HTN
- AKI with increase in creatinine > 200% or eGFR drops under 15ml/min with symptoms
- Suspected temporal arteritis or systemic vasculitis or connective tissue disease with major organ involvement