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

©*Saskatchewan Ministry of Health*   *August 2019*

Saskatchewan

Saskatchewan Health Authority

Saskatchewan Medical Association

SMA

UNIVERSITY OF SASKATCHEWAN
College of Medicine

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

Saskatchewan

Saskatchewan Health Authority

SMA Saskatchewan Medical Association

UNIVERSITY OF SASKATCHEWAN
College of Medicine