FAX PATIENT REFERRAL TO:
REFERRAL MANAGEMENT SERVICES
FAX: 1-855-355-1921
PHONE: 1-833-337-7770

GENERAL SURGERY REFERRAL: PRINCE ALBERT

PATIENT INFORMATION:	Last Name:		First Name:	
Date of Birth: DD/MMM/YYYY	Address:			
City:	Prov:	PC:	Gender ☐ M ☐ F	HSN:
Home Phone:	Work Phone:		Cell Phone:	

REFERRING PHYSICIAN & CLINIC INFORMATION

☐ Family Doctor ☐ Nurse Practitioner ☐ Specialist ☐ Midwife	Name: Address: Phone: Fax:

REFERRAL TO:

☐ The next available Surgeon
*Except: Dr.*_____ ☐ Specify - Dr._____

REASON FOR REFERRAL: *CHECK MOST URGENT REASON AND INCLUDE RELEVANT DOCUMENTATION – DIAGNOSTIC LABS OR IMAGING, PRENATAL RECORDS, CONSULTS, INTERVENTIONS AND REFERRAL* LETTER.

Urgent	**Cancer** (Suspected or Confirmed)	☐ Breast (Send imaging, histology results)	☐ GI (Send imaging, CBC, LFTS results)
		☐ Thyroid (Send imaging, TSH) results)	☐ Lymphatic (Send imaging, peripheral smear, CBC)
		☐ Skin (Send histology results)	
	☐ Acute GI Bleeding /Anemia (Send CBC, coags)		☐ Neck mass (Send CBC, CXR)
	☐ Thyroid nodule (Send U/S, TSH)		☐ Acute Infections (Send CBC)
	☐ Jaundice/dilated bile ducts (Send CBC, INR, LFTs/imaging)		☐ Acute abdominal pain/mass (Send ALL lab, imaging consults)
	☐ Unexplained weight loss		☐ Symptomatic Gallstones
	☐ Urgent other (Specify):		
Routine	☐ Venous Disease		☐ Skin/subcutaneous lesion/nail problems
	☐ Breast lump/pain/cyst/discharge (Send imaging/cytology)		☐ Hernia
	☐ Altered bowel habits/lower abdominal pain/anal complaints (Send U/A, imaging, CBC)		☐ Dyspepsia/dysphagia/upper abdominal pain/gallstones (Send CBC/INR/LFTs/imaging)

Notes:

DIABETES CLINIC REFERRAL REQUIRED: ☐ Y ☐ N **FAX REFERRAL TO:** (306) 765-6624

POOLED REFERRAL INFORMATION: Patients offered the pooled referral option will receive the next available appointment with a specialist able to treat the referring condition. Specialists who choose to pool their referrals but do not share an office may use the Referral Management Service at eHealth Saskatchewan to manage the intake of patient referrals. This service shares de-identified referral information with all the specialists in this group to aid in reducing patient wait times and improving the patient experience.

Physician Signature:	Date:
Redirecting Specialist: ☐ Pooled ☐ Specific Dr. _____	Date:

25 March 2019