

General Internal Medicine Rapid Access Clinic Referral Form

*This referral must be accepted by the **GIM consult staff/general internist on call** (note NOT the senior internist). Any referrals generated overnight between 23:00 and 08:00 must be discussed with the consult general internist on call the following day prior to being sent. Please fax to **902-473-8430** once accepted by on-call staff.

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|---|---|---|
| Patient Information: | | PATIENT LABEL |
| Name _____ MRN _____ Phone number* _____ <small>*please verify correct for urgent booking purposes</small> | | |
| General Internist referral was discussed with: | | |
| Referral Date: | | |
| Referral Type: | Virtual (phone or Zoom/video) | In-person (<i>only if physical exam will certainly change management</i>) |
| Reason for Referral: | | |
| | | |
| Investigations Ordered and Pending: | | |
| | | |
| Referring Physician: | | |
| Name (must be an <u>attending</u> , not student/resident) | | |
| <i>Please answer the following:</i> | | |
| If the GIM rapid access clinic did not exist, what would you have done? | | |
| <input type="checkbox"/> Referred to senior internist | <input type="checkbox"/> Referred to regular GIM clinic | |
| <input type="checkbox"/> Sent home to follow-up with family doc | <input type="checkbox"/> Referred to another clinic | |