



# London Health Sciences Centre

VICTORIA HOSPITAL

URGENT MEDICINE CLINIC:  
ED CONSULTS / REFERRALS

**\*\*\*Urgent Consults only\*\*\***

PIN OR J#: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First

ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
YYYY/MM/DD

OHC#: \_\_\_\_\_ VERS. CODE: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_

ADDRESSOGRAPH

DATE OF CONSULT: \_\_\_\_\_

**Does your patient require an urgent assessment of an acute or sub-acute (< 3month) issue?**  
(Check  )  YES (complete **section A**)  NO (complete **section B**)

**REASON FOR CONSULT (Check ALL THAT APPLY  ) For Urgent and Non-Urgent consults**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Shortness of breath NYD                  | <input type="checkbox"/> Electrolyte abnormality  | <input type="checkbox"/> Falls                       |
| <input type="checkbox"/> Polypharmacy                             | <input type="checkbox"/> Elevated liver enzymes   | <input type="checkbox"/> Rash NYD                    |
| <input type="checkbox"/> Weight Loss NYD                          | <input type="checkbox"/> Atrial Fibrillation      | <input type="checkbox"/> Fever NYD                   |
| <input type="checkbox"/> Non-iron deficiency anemia NYD           | <input type="checkbox"/> Suspected autoimmune NYD | <input type="checkbox"/> Chest pain                  |
| <input type="checkbox"/> Syncope/pre-syncope NYD                  | <input type="checkbox"/> Acute kidney injury      | <input type="checkbox"/> CHF                         |
| <input type="checkbox"/> Malignancy NYD                           | <input type="checkbox"/> Peripheral edema NYD     | <input type="checkbox"/> Hypertension                |
| <input type="checkbox"/> GI bleed requiring Urgent CBC monitoring |   | <input type="checkbox"/> Diabetes with complications |
| <input type="checkbox"/> Other: _____                             |   |  |

**A. URGENT REASON FOR CONSULTATION - ADDITIONAL HISTORY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is your patient being followed by specialists or waiting a consultation by a specialists for the issue being referred to Urgent Medicine?**

YES - who is the patient being referred to and when? \_\_\_\_\_  
Is the goal for the GIM consult different from the above? How \_\_\_\_\_

NO / NOT SURE

**\*Schedule patient into UMC clinic, provide patient with appointment & way-finding information**

**Fax: Consult and Emergency Record to: 519-685-8751**

**B. NON- URGENT REASON FOR CONSULTATION - ADDITIONAL HISTORY:**

\_\_\_\_\_

**Fax your consult to the GIM team. The consult will be triaged and booked by the Physician office**

- |   |   |
|---|---|
| <input type="checkbox"/> Dr. Blair Wyllie ..... Fax: 519-685-8357 | <input type="checkbox"/> Dr. George Dresser ..... Fax: 519-663-3388 |
| <input type="checkbox"/> Dr. Saira Zafar ..... Fax: 519-685-8357  | <input type="checkbox"/> Dr. Dongmei Sun ..... Fax: 1-888-789-6130  |
| <input type="checkbox"/> Dr. Hatem Salim ..... Fax: 519-685-8357  |   |

Please consider alternative services

i.e. Urgent Neurology, GI, Respirology, Hematology for Non-General Medicine patient needs

\_\_\_\_\_  
Physician's Signature Physician's Printed Name Physician Ref # Date (YYYY/MM/DD)