



DT9204

ADULT GENERAL SURGERY CONSULTATION

- Note:**
- Refer to the clinical alerts on the back of the form
 - Favor, if available, the protocols of the Accueil Clinique before filling it out

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			

Reason for consultation		Clinical priority scale: B : ≤ 10 days C : ≤ 28 days D : ≤ 3 months E : ≤ 12 months <small>For priority A consultations (≤ 3 days), do not send them to the CRDS; use the following corridors: specialist on call, accueil clinique, etc.</small>					
Digestives	<input type="checkbox"/> Biliary colic (symptomatic gallstones) <i>(one or several episodes)</i> <i>(Prerequisite: ultrasound report)</i>	D	Hernia	<input type="checkbox"/> Symptomatic umbilical/epigastric	E		
	<input type="checkbox"/> Diverticulitis with frequent recurrences proven by CT scan x 1 <i>(Prerequisite: CT Scan report)</i>	D		<input type="checkbox"/> Symptomatic inguinal hernia	D		
	Anorectal pathology (bleeding, pain, pruritus)	<input type="checkbox"/> With suspicious lesion on digital rectal exam		B	<input type="checkbox"/> Femoral hernia, symptomatic or not	D	
		<input type="checkbox"/> Without lesion on rectal exam	E	<input type="checkbox"/> Symptomatic ventral incisional	E		
		<input type="checkbox"/> With non-suspicious lesion on digital rectal exam	E	<input type="checkbox"/> Symptomatic pilonidal cyst	E		
	Anorectal bleeding	<input type="checkbox"/> Normal colonoscopy within 3 years	D	Skin	<input type="checkbox"/> Sebaceous cyst / benign skin lesion with functional impairment Site : _____	E	
		<input type="checkbox"/> Less than 30 years old and without family history of polyposis or IBD	D		<input type="checkbox"/> Consultation <input type="checkbox"/> Consultation and excision		
	Complete the AH-702 form to request a colonoscopy or, where available, proceed via "Accueil Clinique" procedure	Imaging findings highly suspicious for colorectal cancer, Positive FIT, chronic diarrhea / Chronic constipation, rectal bleeding, iron deficiency anemia (not otherwise explained by vaginal bleeding), suspected IBD, post-diverticulitis assessment.		Breast	<input type="checkbox"/> Ingrown nail	D	
					For all breast lump, imaging abnormalities, bloody nipple discharge or any other suspect abnormalities (see legend on the back): Refer to your local breast reference center¹		
					<input type="checkbox"/> Investigation revealing breast carcinoma <i>(Prerequisite: imagery and pathology reports)</i>	B	
				<input type="checkbox"/> Investigation revealing any other breast abnormalities <i>(Prerequisite: imagery and pathology reports)</i>	C		
<input type="checkbox"/> Other reason for consultation or clinical priority modification <i>(MANDATORY justification in the next section):</i>					Clinical priority		
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							

Legend

¹ **Refer to your local breast referral center: Centre de référence d'investigation désigné (CRID), breast cancer investigation and reference desk, breast clinic or Accueil Clinique.**

It is recommended to refer in less than 10 days to the breast cancer investigation and reference center for breast cancer the following patients:

- < 30 years old with a nodule of 2 cm or which increases in volume
- ≥ 30 years old with a breast nodule painful or not
- > 50 years old with a discharge, a retraction or other suspect breast change
- with suspect skin changes at the breast
- > 30 years old with an axillary mass of indeterminate cause

Taken from: Direction générale de cancérologie. (Octobre 2016).

Détection des cancers par le médecin de famille – Aide à la décision clinique. Recommandations du Comité national d'évolution de la pratique de première ligne.

Clinical alerts (non-exhaustive list)

Refer the patient to the Emergency-department

- Acute abdominal pain (appendicitis, cholecystitis, complicated diverticulitis with or without response to antibiotic, perforated ulcer etc.)
- Ischiorectal abscess
- Acute gastrointestinal bleeding
- Incarcerated hernia
- Bowel obstruction
- Cutaneous or breast abscess