



DT9245

DERMATOLOGY CONSULTATION ADULT AND PEDIATRIC

| | | | |
|-------------------------------|--|-------------------------------|------------|
| Patient's first and last name | | | |
| Health insurance number | | Expiry | Year Month |
| Parent's first and last name | | | |
| Area code Phone number | | Area code Phone number (alt.) | |
| Address | | | |
| Postal code | | | |

Note : • Refer to the clinical alerts on the back of this page before filling it out.
• Do not use this form for non-insured services.

Treatment of the following conditions is not covered by the RAMQ: skin tags, seborrheic keratoses, milia, solar lentigo, melasma, non-inflamed or non-infected sebaceous cysts, cherry angioma, spider angioma, telangiectasia, etc. Please use your regional referral pathways to refer patients.

Refer to current treatment algorithms for common cutaneous diseases: <https://www.dermatocq.org/medecin/algorithms>

| | | | | |
|--|--|---|---|----------|
| Reason for consultation | | Clinical priority scale: B : ≤ 10 days C : ≤ 28 days D : ≤ 3 months E : ≤ 12 months For priority A consultations (≤ 3 days), do not send them to the CRDS; use the following corridors: specialist on call, accueil clinique, etc. | | |
| MANDATORY | 1- Suspected diagnosis: | | | |
| | 2- Anatomic sites involved: | | | |
| | 3- Is the patient: <input type="checkbox"/> Immunosuppressed <input type="checkbox"/> Pregnant <input type="checkbox"/> Less than 1 year of age <input type="checkbox"/> None of these conditions | | | |
| | 4- Duration of illness: | | | |
| | 5- Name and duration of past and present treatments given for the condition: | | | |
| | 6- Has the patient already seen a dermatologist? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, write the name of the dermatologist. Attach a copy of the notes and biopsy report if applicable. | | | |
| Tumoral | Mandatory: Size of the most worrisome lesion: <input type="checkbox"/> < 5mm <input type="checkbox"/> 5-10 mm <input type="checkbox"/> > 10 mm | | Inflammatory/Infectious | |
| | <input type="checkbox"/> Probable seborrheic keratosis, rule out malignancy. <i>Note: Seborrheic keratoses and benign nevi can change in appearance during normal evolution. The treatment of these lesions is not covered by the RAMQ.</i> | E | | |
| | <input type="checkbox"/> Probable atypical nevus, rule out melanoma | C | | |
| | <input type="checkbox"/> Melanoma most probable (detailed description of the appearance and evolution of the lesion is mandatory) | B | | |
| | <input type="checkbox"/> Possible non-melanoma skin cancer (ex.: basal cell or squamous cell carcinoma) | <input type="checkbox"/> SLOW progression | | D |
| | | <input type="checkbox"/> RAPID progression (< 8 weeks) | | C |
| | <input type="checkbox"/> Actinic keratosis (required: failure of cryotherapy OR topical 5FU) | E | | |
| | <input type="checkbox"/> Infantile hemangioma requiring treatment according to: https://www.ihscoring.com/enca/step-1/ | B | | |
| <input type="checkbox"/> Port wine stain in an infant less than 1 year of age | C | | | |
| <input type="checkbox"/> Other reason for consultation not included on form or modification of a clinical priority level MANDATORY: Diagnostic impression and detailed description of the appearance and evolution of the lesions | | Clinical priority | | |
| Suspected diagnosis and clinical information (mandatory) | | | | |
| 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) If you would like a referral for a particular physician or point of service | |
| Family physician's name | | | | |
| Name of point of service | | | | |

Clinical alerts (non exhaustive list) – Refer the patient to the Emergency-department

- Acute generalized eruption with systemic symptoms
- Pustular, blistering or erosive eruption with systemic symptoms or mucosal involvement
- Acute and progressive purpura
- Acute urticaria with angioedema

Annex 1: Examples of second generation antihistamines showing standard and optimized dosing

- cetirizine 10-40 mg PO/day (4X dose = 20 mg PO bid)
- desloratidine 5-20 mg PO/ day (4X dose = 10 mg PO bid)
- loratidine 10-40 mg PO/ day (4X dose = 20 mg PO bid)
- rupatadine 10 mg PO/ day (4X dose = 20 mg PO bid)

This list is supplied to show examples and is not all-inclusive. Hydroxyzine and diphenylhydramine are first generation antihistamines.

Important additional information

- Screening total body examination is not a valid reason for a dermatology consultation.
- Requests for consultation for conditions for which treatment is not medically needed (ex: benign tumours such as skin tags, seborrheic keratoses or normal appearing nevi) should not be referred to dermatology via this form.