



DT9268

ADULT INTERNAL MEDICINE CONSULTATION

Internists are able to respond to consultation requests found on the forms from the other medical specialties based on practice profiles each has indicated to the CRDS (please see other side).

- 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** For priority A consultations (≤ 3 days), do not send them to the CRDS; use the following corridors: specialist on call, accueil clinique, etc.

Step 1 – Main reason for consultation			
<p>General internal medicine</p> <p><input type="checkbox"/> Treated venous thromboembolic disease (DVT or PE) (duration of therapy, recurrence and thrombophilia)</p> <p><input type="checkbox"/> Arterial vascular disease (carotid, intermittent claudication, etc.)</p> <p><input type="checkbox"/> Arterial vascular disease with Doppler (if available within region)</p> <p><input type="checkbox"/> Medical problems of pregnancy (pre-conception evaluation, HTN, DM or GDM, thyroid disease, VTE, thrombocytopenia, collagen vascular disease) Refer to Obstetrical medicine if available</p>	<p>General internal medicine</p> <p><input type="checkbox"/> Preoperative or pre-intervention assessment Specify the date and type of assessment</p> <p><input type="checkbox"/> Imaging "incidentaloma" (thyroid, pulmonary, adrenal nodules, lymphadenopathy, etc) Prerequisite: imaging report</p> <p><input type="checkbox"/> Lab abnormality (ESR, CRP, CK, ANA, liver enzymes, etc.) Prerequisite: lab report or specify the values and normal ranges</p> <p><input type="checkbox"/> Other problems: Specify in section "Diagn. Impr." (e.g. weight loss >10%, peripheral edema, fatigue, syncope, F.U.O., urticaria/angioedema, night sweats, etc)</p>	<p><input type="checkbox"/> Cardiology (Afib, CAD, dyspnea, heart failure, arrhythmia, palpitations, valvulopathy, etc.)</p> <p><input type="checkbox"/> Cardiology with exercise stress test (if available within region)</p> <p><input type="checkbox"/> Endocrinology (DM¹, dyslipidemia, thyroid disease, hypercalcemia, etc.)</p> <p><input type="checkbox"/> Gastroenterology and hepatology (IBD, diarrhea, ascites, abdominal pain, cirrhosis, hemochromatosis, etc.)</p>	<p><input type="checkbox"/> Hematology (anemia, cytopenias, MGUS, etc.)</p> <p><input type="checkbox"/> Nephrology (HTN, proteinuria, renal failure, electrolyte abnormalities, etc.)</p> <p><input type="checkbox"/> Neurology (headache, stroke/TIA, paresthesia, vertigo, etc.)</p> <p><input type="checkbox"/> Pulmonary medicine (dyspnea, cough, COPD, sleep apnea, etc.)</p> <p><input type="checkbox"/> Rheumatology (inflammatory arthritis, Raynaud, vasculitis, PMR, osteoporosis, fibromyalgia, etc.)</p>

Step 2 – Reason for consultation and clinical priority:	
<input type="checkbox"/> Reevaluation of diagnosis or treatment in stable patient	E (≤ 12 months)
<input type="checkbox"/> Condition(s) to be investigated or that is/are not controlled	D (≤ 3 months)
<input type="checkbox"/> Condition(s) that is/are unstable (Prerequisite: justification in the suspected diagn. section)	C (≤ 28 days)
<input type="checkbox"/> Condition(s) that is/are semi-urgent (please see other side for list) ²	B (≤ 10 days)

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		
Name of point of service		
		If you would like a referral for a particular physician or point of service

The conditions a specialist in internal medicine is able to assess are not limited to the internal medicine form

- You may use the forms from other specialties to refer to internal medicine. In order to do this, in the “nominative” section, please indicate “internal medicine”.

Legend

¹ Refer to the appropriate clinic if available in your area (e.g. Obstetrical Medicine, diabetes clinic, preop or pre-operative clinic, etc.)

² **List of conditions which are semi-urgent (priority B ≤10 days):**

- Severe stable angina (CCS 3/4) – **Use the "Accueil clinique" form if available**
- Pronounced de novo exertional dyspnea (NYHA 3/4)
- Hyperthyroidism with $fT_4 > 2X$ ULN – **Use the “Accueil clinique” form if available**
- De novo suspected DM1 without acidosis or ketonuria
- Abnormal liver enzymes with ALT 201-500 IU and normal INR
- Jaundice with total bilirubin >60 , or >40 with bile duct dilatation on ultrasound with normal INR
- Severe non-iron-deficient anemia Hb <85 along with another cytopenia
- Suspicion of lymphoma (e.g. lymph nodes > 5 cm or constitutional symptoms)
- CKD with $eGFR < 15$ ml/min
- Suspicious lung nodule/lesion >15 mm without known cancer – **Use the "Accueil clinique" form if available**
- Acute exacerbation of COPD or asthma despite use of action plan
- De novo or relapsing polymyalgia rheumatica without evidence of GCA
- Asymptomatic bradycardia with HR <40 bpm and/or documented daytime pauses >3 sec
- Syncope with heart disease
- Hypercalcemia 3.0 – 3.5 mmol/l or Hypocalcemia 1.6 – 1.9 mmol/l with few/no symptoms
- FUO for > 14 days with negative infectious workup including blood cultures
- Persistent hemoptysis - **Use the "Accueil clinique" form if available**
- New, unilateral and symptomatic pleural effusion

Clinical alerts (non exhaustive list)

Refer the patient to the Emergency-department

- Untreated suspected DVT or PE – Use the "Accueil clinique" form if available
- Acute arterial ischemia
- Severe symptomatic HTN
- Rapidly progressive dyspnea at rest (< 1 week)
- Suspected acute coronary syndrome (including angina at rest)
- Decompensated heart failure
- Afib with rapid ventricular response > 110 bpm at rest or poorly tolerated
- Sudden syncope without prodrome
- Symptomatic bradycardia HR < 40 bpm or documented daytime pauses > 3 sec
- Diabetic ketoacidosis
- Severe acute hepatitis (ALT > 500) – Use the "Accueil clinique" form if available
- Severe anemia (Hb < 70 g/L)
- Severe thrombocytopenia $< 20 \times 10^9/L$ or with significant bleeding
- AKI with $eGFR < 15$ AND uremic symptoms or other organ involvement
- Creatinine increase $>200\%$
- Creatinine increase $>100\%$ with hematuria and proteinuria
- Significant hemoptysis (> 100 mL) or recurrent (20 mL a few times on same day)
- Symptomatic giant cell arteritis (new headache, scalp tenderness, visual loss, diplopia, jaw claudication)
- Collagen vascular disease or vasculitis with major organ involvement