



DERMATOLOGY CONSULTATION ADULT AND PEDIATRIC

	Ye	ar	Mont	
Expiry	biry			
Area code	e Phone number (alt.)			
I				
		Expiry	Year Expiry Area code Phone number	

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.dermatoqc.org/medecin/algorithmes

Reason for consultation Clinical priority scale: $B :\le 10$ days $C :\le 28$ days $D :\le 3$ months $E :\le 12$ months For priority A consultations (≤ 3 days), do not send them to the CRDS; use the following corridors: specialist on call, accueil clinique, etc.													
1- Suspected diagnosis:						_	,	0					
		2- Anatomic sites involved:											
		3- Is the patient: Immunosuppressed Pregnant Less than 1 year of age None of these conditions											
MANDATORY 4- Duration of illness:													
5- Name and duration of past and present tre							eatments given for the condition:						
6- Has the patient already seen a dermatolog						ist? Yes No							
		If yes, write the	e name of the dern	natologist.	Attac	h a	copy of the notes ar	nd biopsy re	eport if applicable.				
	Mandatory: Size of the most worrisome lesion: □<5mm □5-10 mm □>10 mm				1	Mandatory: Number of lesions: ≤ 10 lesions \Box 11-30 lesions \supset 30 lesions							
	Probable seborrheic keratosis, rule out malignancy. Note : Seborrheic keratoses and benign nevi can change in appearance during			E C	1	Resulting in incapacity: Yes No							
Tumoral					S	Erythematosquamous (ex : eczema, psoriasis, tinea)			D				
	normal evolution. The treatment of these lesions is not covered by the RAMQ.				no	80 (ex : eczema, psoriasis, tinea) Note: 1 palm = 1% 80 Required: tailure of at least 2 topical			-				
	Probable atypical nevus, rule out melanoma				ecti	treatments including one topic (8 weeks total)	Localized < 30% of body surface	E					
	Melanoma most probable (detailed description of the appearance and evolution of the lesion is mandatory)			В	y/Inf	Non-infectious bul	n-infectious bullous conditions, not affecting general function						
	Possible non-melanoma skin cancer (ex. : basal cell or squamous cell carcinoma)		SLOW progres	sion	D		Nodulocystic or severe scarring acne Required: 1 – contraception initiated for women of chilbearing age			D			
	(6x. : basar cen or squamou	(ex basar cen or squamous cen carcinoma)		sion	С	Inflammatory/Infectious	2 – failure of 2 topical treatments and oral antibiotic x 4-6 months Other acneiform conditions (ex : acne vulgaris, rosacea, folliculitis, etc.)			E			
	Actinic keratosis (required : failure of cryotherapy OR topical 5FU)			E B C	nfla	Required: failure of topical treatment and oral antibiotic x 4-6 months Moderate to severe hidradenitis suppurativa (more than 10 nodules,							
	Infantile hemangioma requiring treatment according to:				D Moderate to severe hidradenitis suppurativa (more than 10 nodules, abscesses, fistulae and scars in flexural areas) Required: tailure of topical and oral antibiotic therapy x 6 months								
	https://www.ihscoring.com/enca/step-1/					Chronic idiopathic urticaria (duration > 6 weeks)							
	Port wine stain in an infant less than 1 year of age				Required: failure of 4X dose of 2nd generation antihistamine or maximum dose tolerated. If dose given < 4X, please explain. See annex 1 for recommended doses.								
	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												
	Suspected diag	nosis and clini	cal information	(mandat	tory)								
	Special needs:												
	-	aian idantifiaat	ion and naint a	faamiaa				Clamp					
	Referring physician identification and point of service Stamp Referring physician's name Licence no.												
	5, , , , , , , , , , , , , , , , , , ,												
Ar	ea code Phone no.		Extension	Area code	Fax no).							
Na	me of point of service	9		I									
Signature					Date (year, month, day)								
	0												
_	Family physician: Same as referring physician Patient with no family physician Registered referral (if required)												
Family physician's name								If you would point of ser	d like a referral for a particular physici vice	an or			
No	Name of point of service												
110		,											
								I					

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.