



DT9204

ADULT GENERAL SURGERY CONSULTATION

Note: Refer to the clinical alerts on the back of the form and 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: A: ≤ 3 days B: ≤ 10 days C: ≤ 28 days D: ≤ 3 months E: ≤ 12 months				
Digestives	<input type="checkbox"/> Biliary colic (symptomatic gallstones) (one or several episodes) <i>(Prerequisite: ultrasound report)</i>	D	Hernia	<input type="checkbox"/> Symptomatic umbilical/epigastric	E	
	<input type="checkbox"/> Diverticulitis with frequent recurrences proved at CT x 1 <i>(Prerequisite: CT Scan report)</i>	D		<input type="checkbox"/> Symptomatic groin hernia (inguinal/femoral)	D	
	Anorectal Diseases (hemorrhoids, fissures, anal fistula, anal skin tags, rectal prolapse, condylomas, rectal mass, etc.)	<input type="checkbox"/> With suspicious lesion on rectal digital exam	B	Skin	<input type="checkbox"/> Symptomatic ventral incisional	E
		<input type="checkbox"/> Without suspicious lesion on rectal digital exam	E		<input type="checkbox"/> Symptomatic pilonidal cyst	E
	Rectorragia (rectal bleeding)	Fill out form AH-702: Request for colonoscopy and send it to the endoscopy unit	Breast	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		
	FIT test positive			<input type="checkbox"/> Investigation revealing breast carcinoma <i>(Prerequisite: imagery and pathology reports)</i>	B	
	High suspicion of colorectal cancer based on imaging			<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