



DT9245

DERMATOLOGY CONSULTATION ADULT AND PEDIATRIC

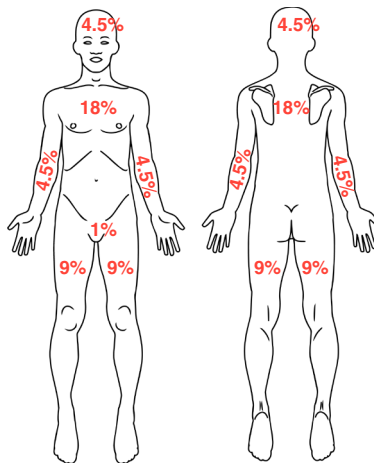
Note: Refer to the clinical alerts on the back of this form before filling it out.

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						
MANDATORY	1- Anatomical site(s) affected:							
	2- Name of treatments attempted for reason of consultation:							
Tumoral	Change in a pigmented lesion over the last year (melanoma strongly suspected)	≥ 2 signs	B	Inflammatory/Infectious	<input type="checkbox"/> Erythematous-squamous lesions (e.g. eczema, psoriasis, tinea)	<input type="checkbox"/> Affecting > 30% of body surface ¹ area or involving face, hands or feet	C	
	With 1 or more of the following signs :	1 sign	C		<input type="checkbox"/> Affecting < 30% of body surface area ¹ and not responding to treatment	D		
	<input type="checkbox"/> Asymmetry or irregular border				<input type="checkbox"/> Vesiculo-bullous, non infectious lesions without systemic symptoms (e.g. bullous pemphigoid, pemphigus, extensive contact dermatitis)	B		
	<input type="checkbox"/> Heterogenous color or ≥ 2 colors				<input type="checkbox"/> Nodulocystic or scarring acne (Prerequisite: contraception initiated in women)	D		
	<input type="checkbox"/> Increase in size				<input type="checkbox"/> Acneiform lesions unresponsive to treatment (e.g. acne, rosacea, folliculitis, hidradenitis)	E		
	<input type="checkbox"/> Non evolving irregular pigmented lesion		D		<input type="checkbox"/> Molluscum contagiosum > 20 lesions in children	E		
	<input type="checkbox"/> Very rapid onset tumor (< 1 month) and ≥ 1,5 cm		B		<input type="checkbox"/> Recalcitrant nail disease excluding ingrown toenails	E		
Others	<input type="checkbox"/> Suspected non melanoma skin cancer (slowly evolving) (e.g. basal cell or squamous cell carcinoma)		D					
	<input type="checkbox"/> Actinic keratosis		E					
	<input type="checkbox"/> Pigmentation disorders (e.g. vitiligo)		E					
<input type="checkbox"/> Pediatric vascular lesion (e.g. hemangioma) excluding solitary spider angioma		C						
<input type="checkbox"/> Other reason for consultation or clinical priority modification (MANDATORY justification in the next section):						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 Diagram of percentage of body surface area (adult)



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

- Acute full body skin eruption with systemic symptoms
- Pustular, bullous or erosive eruption with systemic symptoms or mucosal involvement
- Acute and progressive purpura
- Acute urticaria with angio-œdema

Important additional information

- ❖ A patient should not be referred in dermatology for a routine skin examination.
- ❖ Referral for non medical conditions (e.g. benign tumors such as skin tags, seborrheic keratoses or benign nevi not causing an objectivable functional disorder) should not be referred to dermatology through this form.