



DT9299

## ADULT PNEUMOLOGY 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					
Probable malignancy	Use the Accueil Clinique form if available	<input type="checkbox"/> Persisting hemoptysis	B	Pulmonary infection/Cough	<input type="checkbox"/> Persisting lung infiltrate or slowly resolving infiltrate (> 1 month) on a chest x-ray despite medical management	C	
		Pulmonary nodule with malignant features without known malignancy <i>(Prerequisite: order CT scan or CT scan report)</i>	<input type="checkbox"/> > 15 mm		B	<input type="checkbox"/> Bronchiectasis with symptoms	D
			<input type="checkbox"/> 8-15 mm		C		
		<input type="checkbox"/> New unilateral pleural effusion with symptoms	B		<input type="checkbox"/> Chronic cough (> 8 weeks) with normal chest x-ray	E	
COPD/Asthma	Use the Accueil Clinique form if available	<input type="checkbox"/> Micronodule < 8 mm that progressed on a follow up CT scan	D	Sleep apnea	Probable obstructive sleep apnea (OSA) or treated OSA AND Severe daytime hypersomnolence OR EPWORTH <sup>1</sup> ≥ 15 OR Desaturation Index ≥ 30 /h	<input type="checkbox"/> WITH a high-risk job <i>(Requires that you specify the job)</i>	C
		<input type="checkbox"/> Mediastinal or hilar adenopathy > 1 cm	C			<input type="checkbox"/> WITHOUT a high-risk job	D
		Acute exacerbation with failed action plan (oral corticosteroid or antibiotic) <i>(Prerequisite: detail treatment)</i>	<input type="checkbox"/> COPD		B	Others	<input type="checkbox"/> Probable sleep apnea or sleep apnea treatment requirement reassessment
COPD/Asthma probable or failure to respond to the first line of treatment <i>(Prerequisite: spirometry result if available)</i>	<input type="checkbox"/> Asthma	B					
	<input type="checkbox"/> COPD	E					
<input type="checkbox"/> Pulmonary rehabilitation	<input type="checkbox"/> Asthma	E	<input type="checkbox"/> Interstitial lung diseases (i.e. fibrosis) <i>(Prerequisite: chest CT scan report)</i>	D			
<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 <input type="checkbox"/> Ordered		
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

<sup>1</sup> Refer to EPWORTH sleepiness scale:

<http://www.fresno.ucsf.edu/wellness/documents/EpworthScale.pdf>

### Clinical alerts (non-exhaustive list)

#### Refer the patient to the Emergency-department

- PNEUMONIA: Pneumonia with signs of shock (confusion, hypotension) or desaturation (O<sub>2</sub> saturation < 90%), or persisting fever (> 48 hrs) while on antibiotics
- COPD: Significant clinical deterioration WITH drowsiness or desaturation < 90%
- MASSIVE HEMOPTYSIS (100 ml or more) or ongoing (20 ml a few time in the course of a given day)
- ASTHMA: Severe asthma exacerbation or exacerbation no responding to 24 hrs of oral corticosteroid treatment
- DYSPNEA: At rest or rapidly progressing (< 1 week)
- PROBABLE PULMONARY EMBOLISM
- PLEURAL EFFUSION **with** fever or in the context of a infection (empyema) or desaturation < 90%