



DT9279

## ADULT MICROBIOLOGY-INFECTIOUS DISEASES CONSULTATION

Note: Refer to the clinical alerts and conditions that require management within 24 hours on reverse.

Favor, if available, the protocols of the "Accueil clinique" and the functional existing service corridors before filling out this form.

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	
<b>Patient without acute infection</b>		<b>Other</b>	
<input type="checkbox"/> Management of recurrent urinary tract infections (UTIs) <i>(Prerequisite: positive urine culture results and associated treatments)</i>	<b>C</b>	<input type="checkbox"/> Recurrent herpes simplex	<b>D</b>
<input type="checkbox"/> Management of recurrent infections with multi-drug resistant organisms (e.g. MRSA, VRE, etc.)	<b>C</b>	<input type="checkbox"/> Confirmed intestinal parasite infection <i>(Prerequisite: result of stool parasite test)</i>	<b>B</b>
<input type="checkbox"/> Management of infection in patient with multiple antibiotic allergies	<b>C</b>	<input type="checkbox"/> Non severe diabetic foot infection	<b>B</b>
<input type="checkbox"/> Management of recurrent <i>C. difficile</i> infections	<b>B</b>	For chronic uninfected wounds, refer to your wound care clinics	
<b>Positive serology</b>		<input type="checkbox"/> Possible tropical disease without systemic symptoms (excluding malaria)	<b>B</b>
HIV	<input type="checkbox"/> New diagnosis <i>(Prerequisite: VIH result)</i>	<input type="checkbox"/> With ongoing or pending immunosuppressive agent	<b>B</b>
	<input type="checkbox"/> Known patient <i>(Prerequisite: justify reason for consultation and order CD4 and viral load)</i>	<input type="checkbox"/> Screening	<b>D</b>
<input type="checkbox"/> Chronic hepatitis B <i>(Prerequisite: justify and serology result)</i>	<b>C</b>	<input type="checkbox"/> Suspected latent TB (not active and not contagious)	<b>B</b>
<input type="checkbox"/> Hepatitis C <i>(Prerequisite: justify and serology result)</i>	<b>C</b>	<input type="checkbox"/> FEO (fever or unknown origin for >14 days and negative basic infectious workup including blood cultures) <i>(Prerequisite: laboratory results)</i>	<b>B</b>
<input type="checkbox"/> Syphilis <i>(Prerequisite: serology result)</i>	<b>B</b>		
<input type="checkbox"/> Other serologies (e.g. toxo) <i>(Prerequisite: serology result)</i>	<b>C</b>		
<input type="checkbox"/> Other reason for consultation or clinical priority modification <b>(MANDATORY justification in the next section):</b>			Clinical priority
<b>Suspected diagnosis and clinical information (mandatory)</b>		<b>If prerequisite is needed :</b>	
		<input type="checkbox"/> Available in the QHR <input type="checkbox"/> Attached to this form	
<b>Special needs:</b>			
<b>Referring physician identification and point of service</b>		<b>Stamp</b>	
Referring physician's name		Licence no.	
Area code	Phone no.	Extension	Area code Fax no.
Name of point of service			
<b>Signature</b>		Date (year, month, day)	
<b>Family physician:</b> <input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician		<b>Registered referral (if required)</b>	
Family physician's name		If you would like a referral for a particular physician or point of service	
Name of point of service			

**Clinical conditions requiring management within 24hrs (non-exhaustive list):**

**Use the “Accueil Clinique” form (if available)  
or reach the on-call microbiologist  
or direct the user to the Emergency-department**

- Cellulitis requiring IV treatment or refractory to PO treatment
- Bursitis requiring IV treatment or refractory to PO treatment
- Infected animal or human bite

**Clinical alerts (non-exhaustive list)**

**Refer the patient to the Emergency-department**

- Fever in returning traveler, suspected malaria or severe respiratory disease
- Sepsis
- Meningitis
- Endocarditis
- Septic arthritis
- Infectious tenosynovitis
- Rapidly progressive cellulitis
- Accidental exposure to blood and body fluid
- Animal bite other than cat and dog
- Severe infection in an immunosuppressed host