



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		<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 ¹ ≥ 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	<input type="checkbox"/> Probable sleep apnea or sleep apnea treatment requirement reassessment	E
	<input type="checkbox"/> Asthma	B					
COPD/Asthma		COPD/Asthma probable or failure to respond to the first line of treatment <i>(Prerequisite: spirometry result if available)</i>	<input type="checkbox"/> COPD	E	Others	<input type="checkbox"/> Unexplained exertional dyspnea (no cardiac cause, no anemia and normal chest x-ray) <i>(Prerequisite: justify in the "Relevant clinical information" section)</i>	E
			<input type="checkbox"/> Asthma	E			
		<input type="checkbox"/> Pulmonary rehabilitation		E			

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 :

- Available in the QHR
- Attached to this form
- 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: Same as referring physician Patient with no family physician

Registered referral (if required)

Family physician's name
Name of point of service

If you would like a referral for a particular physician or point of service

Legend

¹ 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 (O₂ 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%