



DT9245

DERMATOLOGY CONSULTATION ADULT AND PEDIATRIC

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			

Note : • Refer to the clinical alerts on the back of this page before filling it out.
• Do not use this form for non-insured services.

Treatment of the following conditions is not covered by the RAMQ: skin tags, seborrheic keratoses, milia, solar lentigo, melasma, non-inflamed or non-infected sebaceous cysts, cherry angioma, spider angioma, telangiectasia, etc. Please use your regional referral pathways to refer patients.

Refer to current treatment algorithms for common cutaneous diseases: <https://www.dermatocq.org/medecin/algorithms>

Reason for consultation		Clinical priority scale: B : ≤ 10 days C : ≤ 28 days D : ≤ 3 months E : ≤ 12 months For priority A consultations (≤ 3 days), do not send them to the CRDS; use the following corridors: specialist on call, accueil clinique, etc.		
MANDATORY	1- Suspected diagnosis:			
	2- Anatomic sites involved:			
	3- Is the patient: <input type="checkbox"/> Immunosuppressed <input type="checkbox"/> Pregnant <input type="checkbox"/> Less than 1 year of age <input type="checkbox"/> None of these conditions			
	4- Duration of illness:			
	5- Name and duration of past and present treatments given for the condition:			
	6- Has the patient already seen a dermatologist? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, write the name of the dermatologist. Attach a copy of the notes and biopsy report if applicable.			
Tumoral	Mandatory: Size of the most worrisome lesion: <input type="checkbox"/> < 5mm <input type="checkbox"/> 5-10 mm <input type="checkbox"/> > 10 mm		Inflammatory/Infectious	
	<input type="checkbox"/> Probable seborrheic keratosis, rule out malignancy. <i>Note: Seborrheic keratoses and benign nevi can change in appearance during normal evolution. The treatment of these lesions is not covered by the RAMQ.</i>	E		
	<input type="checkbox"/> Probable atypical nevus, rule out melanoma	C		
	<input type="checkbox"/> Melanoma most probable (detailed description of the appearance and evolution of the lesion is mandatory)	B		
	<input type="checkbox"/> Possible non-melanoma skin cancer (ex.: basal cell or squamous cell carcinoma)	<input type="checkbox"/> SLOW progression		D
		<input type="checkbox"/> RAPID progression (< 8 weeks)		C
	<input type="checkbox"/> Actinic keratosis (required: failure of cryotherapy OR topical 5FU)	E		
	<input type="checkbox"/> Infantile hemangioma requiring treatment according to: https://www.ihscoring.com/enca/step-1/	B		
<input type="checkbox"/> Port wine stain in an infant less than 1 year of age	C			
Mandatory: Number of lesions: <input type="checkbox"/> ≤ 10 lesions <input type="checkbox"/> 11-30 lesions <input type="checkbox"/> > 30 lesions Resulting in incapacity: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Erythematous conditions (ex.: eczema, psoriasis, tinea) <i>Note: 1 palm = 1%</i> <i>Required: failure of at least 2 topical treatments including one topical corticosteroid (8 weeks total)</i>		<input type="checkbox"/> Widespread > 30% of body surface or severe palmo-plantar involvement	D	
		<input type="checkbox"/> Localized < 30% of body surface	E	
<input type="checkbox"/> Non-infectious bullous conditions, not affecting general function		C		
<input type="checkbox"/> Nodulocystic or severe scarring acne <i>Required: 1 - contraception initiated for women of childbearing age 2 - failure of 2 topical treatments and oral antibiotic x 4-6 months</i>		D		
<input type="checkbox"/> Other acneiform conditions (ex.: acne vulgaris, rosacea, folliculitis, etc.) <i>Required: failure of topical treatment and oral antibiotic x 4-6 months</i>		E		
<input type="checkbox"/> Moderate to severe hidradenitis suppurativa (more than 10 nodules, abscesses, fistulae and scars in flexural areas) <i>Required: failure of topical and oral antibiotic therapy x 6 months</i>		D		
<input type="checkbox"/> Chronic idiopathic urticaria (duration > 6 weeks) <i>Required: failure of 4X dose of 2nd generation antihistamine or maximum dose tolerated. If dose given < 4X, please explain. See annex 1 for recommended doses.</i>		D		
<input type="checkbox"/> Other reason for consultation not included on form or modification of a clinical priority level MANDATORY: Diagnostic impression and detailed description of the appearance and evolution of the lesions			Clinical priority	
Suspected diagnosis and clinical information (mandatory)				
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				

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

- Acute generalized eruption with systemic symptoms
- Pustular, blistering or erosive eruption with systemic symptoms or mucosal involvement
- Acute and progressive purpura
- Acute urticaria with angioedema

Annex 1: Examples of second generation antihistamines showing standard and optimized dosing

- cetirizine 10-40 mg PO/day (4X dose = 20 mg PO bid)
- desloratidine 5-20 mg PO/ day (4X dose = 10 mg PO bid)
- loratidine 10-40 mg PO/ day (4X dose = 20 mg PO bid)
- rupatadine 10 mg PO/ day (4X dose = 20 mg PO bid)

This list is supplied to show examples and is not all-inclusive. Hydroxyzine and diphenylhydramine are first generation antihistamines.

Important additional information

- Screening total body examination is not a valid reason for a dermatology consultation.
- Requests for consultation for conditions for which treatment is not medically needed (ex: benign tumours such as skin tags, seborrheic keratoses or normal appearing nevi) should not be referred to dermatology via this form.