

Calgary Zone

Central Access & Triage



The Departments of Medicine, Family Medicine, Cardiac Sciences, Rural Medicine, Palliative/End of Life Care, Psychiatry, Surgical Services, Clinical Neurosciences, Women's Health and the Tom Baker Cancer Centre have been working with groups of physicians and other healthcare providers to redesign and improve access to care. This document provides details for Central Access and Triage, along with the referral form itself.

Key changes to process as a result of the Medical Access to Service project work are:

- A single, standard, flexible referral form for all involved specialties
- Central Access & Triage introduced in many specialty areas
- Standard processes and target times for Central Access and Triage
- Improvements in communication

Please check the Department of Medicine website for the most recent specialty specific guideline updates and electronic version of the referral form at:

www.departmentofmedicine.com/MAS



We're making the process smarter!

We're making the process smarter!

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Calgary Zone Central Access & Triage Form

Instructions

- The format of the referral submission is not important. The key is to **ensure all listed required information for the relevant specialty is included** and that the patient's requirements for care are specified. A completed form, an EMR generated form or other formats will therefore be accepted by the specialties included in this package.
- This form has been developed to provide a single standardized form across as many Calgary area specialty services as possible in order to simplify the referral process for referring physicians and improve the provision of required referral information to specialists.
 - ▲ The 'form' is the single page containing tick boxes. The specialty specific guidelines are not part of this form and should not be attached with the form. They are a reference tool to ensure that the minimum information required by the specialties to triage your referral are provided.
- The guidelines provided for each specialty are a reference tool for referring physicians only. They are not exhaustive lists and are not intended to replace the clinical judgement of the referring source. All referrals will also continue to be individually reviewed and triaged by the receiving specialty.
- To assist each specialty in determining referral urgency in a more timely manner, please indicate your evaluation of urgency based on the specialty specific guidelines.
 - ▲ If a specific physician or site is chosen, there is a possibility that there will be a longer wait time for that patient than if Central Access & Triage is able to allocate the next available appointment for the patient. Longer wait times will also likely apply to any second opinion requests.
 - ▲ Please note that the Speciality Clinic will be responsible for contacting the patient about a speciality consultation appointment and the referring physician will also be informed of the appointment.
 - ▲ To expedite processes, please provide your office's direct line for healthcare professionals rather than a general office number.
- For the most current copy of this form and specialty specific guidelines, please refer to:
www.departmentofmedicine.com/MAS

Calgary Zone Central Access & Triage Form

Please provide as much detail as possible to ensure your patient is triaged appropriately.

Patient Information	
DOB: (yyyy/mon/dd)	_____
Last Name:	First and Additional Names: _____
PHN:	Gender: _____
Address: Street, City, Province, Postal Code _____	
Telephone Number: _____	
Email Address:	Alberta Cancer Board #: _____
Alternate contact name:	Phone: _____

Date: _____	Refer to: _____	Fax: _____
Referring physician/source:	Referring Prac ID: _____	
Address:	Phone: _____	
	Fax: _____	
Family physician:	Family Prac ID: _____	
Specialist seen previously & when:	Prior hospital admissions: (past 2 years) - Site(s) _____ Currently hospitalized where _____	
Reason for referral: 		
Diagnosis:	Date of diagnosis: (if known) _____	
Past medical history:	Current medications: (provide doses and frequency for all listed) (Attach separate sheet if more space is required)	
	Medication allergies:	
Urgency of referral: <input type="checkbox"/> Urgent <input type="checkbox"/> Semi urgent <input type="checkbox"/> Routine (see specific specialty guidelines for definition)	Requested Action: (if applicable) <input type="checkbox"/> Confirm &/or advise as to diagnosis <input type="checkbox"/> Suggest medication or management <input type="checkbox"/> Assume management for this problem and return patient after care <input type="checkbox"/> Assume future management of patient within area of expertise <input type="checkbox"/> Provide telephone consultation (if considered appropriate by specialty) <input type="checkbox"/> Education for patient	Type of referral: (if applicable) <input type="checkbox"/> New referral <input type="checkbox"/> Re-referral <input type="checkbox"/> 2 nd opinion
Requirements for Triage: (include all relevant documentation available) • Bloodwork • Diagnostic imaging • All consultant letters • All discharge summaries • Microbiology • Pathology For referral requirements of specific specialties, see relevant specialty guidelines.	Booking information: Direct appointment by which of the following: <input type="checkbox"/> Assign to next available appointment, or if no, by: <input type="checkbox"/> Specific physician: _____ (name) <input type="checkbox"/> Site: _____ Factors that may affect consultation/care: <input type="checkbox"/> Language spoken _____ <input type="checkbox"/> Interpreter required _____ <input type="checkbox"/> Physical limitations _____ <input type="checkbox"/> Psychological _____ <input type="checkbox"/> Economic _____ <input type="checkbox"/> Other _____ Is this patient a WCB or insurance patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature: _____ Designation: _____ Date: _____		

Fax the form (or the indicated information in other legible format) to the number listed for that specialty.
You will receive notification of receipt of this form within 2 working days of receipt.

Cancer Care

Specialty	Description	Contact #s Office	Phone	Fax
Alberta Blood and Marrow Transplant Program - Adult	<p>The Alberta Blood and Marrow Transplant Program will receive the following referrals from within the province of Alberta for the adult population:</p> <ul style="list-style-type: none"> • Family Human Leukocyte Antigen (HLA) typing • Allogeneic transplant • Autologous transplant • BM/PBSC Collection • Second opinion <p>When a referral is made for family HLA typing or allogeneic transplant, the recipient (patient) has to complete all family HLA typing forms for nominal information related to:</p> <ul style="list-style-type: none"> • Siblings • Children • Spouse • Parents 	<p>Tom Baker Cancer Centre Blood and Marrow Transplant Clinic-Workup offices (Patients residing in Southern Alberta)</p>	403-521-3528	403-270-0782
		<p>Cross Cancer Institute Transplant Office (Patients residing in Northern Alberta)</p>	780-432-8677	780-989-4343
TBCC Colposcopy	<p>Please fax demographics, history and physical and all histopathology reports to the Colposcopy clinic. Once received we will contact your office with an appointment date and time.</p>	<p>TBCC Colposcopy clinic /Clerk Colposcopy nurse</p>	<p>403-698-8031 403-698-8025</p>	403-228-1076
TBCC Tumour Groups	<p>All referrals to TBCC are triaged and booked through an intake process. All Tumour Group referrals should be faxed to TBCC Triage.</p> <p>Appointments with TBCC cannot be booked without the appropriate pathology report. Please ensure that the pathology report requirements for individual Tumour Groups are met prior to submitting the referral.</p>	<p>TBCC Central Access & Triage</p>	403-521-3722 (press 1 when prompted)	403-521-3245
Alberta Cancer Line (ACL)	<p>The Alberta Cancer Line is a toll free single point of contact for physicians and health care providers. The professional Cancer Line staff assist with cancer related questions; the referral process; appointment bookings; or direct access a medical or radiation oncologist, an expert oncology nurse, or other specialist in oncology.</p>	<p>Provincial number for information or consultation 8:15 a.m. to 4:30 p.m.</p>	1.888.432.8865	

Cardiac Care

Specialty	Description	Contact #s Clinic	Phone	Fax
Bow Valley Cardiac Rehabilitation Program	This program is for patients who will benefit from long-term medically supervised cardiovascular exercise (e.g. patients with cardiovascular, cerebrovascular, peripheral vascular and pulmonary diseases). This program is for patients residing in the following communities: Banff, Canmore, Dead Man's Flats, Exshaw, Kananaskis, Lac des Arc, Lake Louise and Morley.	Bow Valley Cardiac Rehabilitation Program	403-679-7304	403-678-1205
Cardiac Function Clinics	The Cardiac Function Clinics (CFC) are RN/MD directed clinics dedicated to the management of established heart failure patients. Care offered includes ongoing physical assessment and management of heart failure symptoms, management of medical and non-medical treatments, as well as ongoing patient teaching regarding diet, lifestyle and medication management.	Foothills Medical Centre (FMC) Peter Lougheed Centre (PLC) Rockyview General Hospital (RGH)	403-944-5900 403-943-5579 403-943-8623	403-283-7061 403-943-6566 403-943-8619
Cardiac Navigation Clinic (CNC)	The Cardiac Navigation Clinic (CNC) is a virtual clinic which receives urgent referrals from physicians in the Calgary Zone, Emergency Departments, Urgent Care Centres, family medicine offices and walk in clinics who believe a patient's medical concerns need to be assessed and reviewed by a cardiologist within 1-2 weeks. These patients will be triaged into appropriate cardiac clinics.	Foothills Medical Centre (FMC)	403-944-3278	403-944-3200
Adult Congenital Heart Clinic PLC	The Adult Congenital Heart Clinic sees patients with structural defects of the heart and great vessels.	Peter Lougheed Centre (PLC)	403-943-4504	403-291-6814
Atrial Fibrillation Clinic	Atrial fibrillation Clinic is focused on the management of patients with atrial fibrillation and /or atrial flutter. It offers relatively rapid access to cardiac arrhythmia specialists using a shared model for patient care. The nurses work under direct supervision of the clinic physicians, who are responsible for patient care within the AF clinic. The AF clinic is not a general cardiology clinic. All patients are offered the opportunity to attend a general information class to learn about AF. The patient will be discharged from the AF clinic when they are stable on their medications.	Foothills Medical Centre (FMC)	403-944-3339	403-944-3375
Cardiac Arrhythmia Clinic	Cardiac Arrhythmia Clinic deals with Symptomatic Heart Rhythm abnormalities, other than Atrial Fibrillation or rhythms requiring a pacemaker. This service also provides consultation and follow up care for patients with Implantable Cardioverter Defibrillators (ICD).	Foothills Medical Centre (FMC)	403-944-4632	403-670-0365
Cardiac Device Clinic (Pacemaker and ICD)	Cardiac Device Clinic (Pacemaker and ICD) provides consultation and follow up care for pacemaker and ICD patients.	Foothills Medical Centre (FMC) Satellites at Peter Lougheed Centre (PLC) & Rockyview General Hospital (RGH).	FMC 403-944-1188 PLC 430-943-4525 RGH 403-943-3203	FMC 403-270-0718 PLC 403-250-9539 RGH 403-212-1232
Connective Tissue Clinic PLC	The Connective Tissue Clinic sees patients with diseases of the connective tissue (Marfan syndrome, Ehlers Danlos syndrome, Loeys-Dietz syndrome)	Peter Lougheed Centre (PLC)	403-943-4959	403-291-6814
Hypertrophic Cardiomyopathy Clinic PLC	The Hypertrophic Cardiomyopathy Clinic sees patients with a genetic disorder of the myocardium of the heart causing hypertrophy.	Peter Lougheed Centre (PLC)	403-943-4959	403-291-6814

Clinical Neurosciences

Specialty	Description	Contact #s Clinic	Phone	Fax
Amyotrophic Lateral Sclerosis (ALS) Clinic	The clinic functions as a resource of expertise in the diagnosis and management of ALS. Family physicians must contact a clinic physician to ensure timely triage.	Amyotrophic Lateral Sclerosis (ALS) Clinic	403-944-4323	403-944-4355
Calgary Headache Assessment and Management Program (CHAMP)	CHAMP is designed to assist family physicians in the diagnosis and management of patients with difficult headache and facial pain problems. Patients will be triaged to the various parts of the program and physician consultation will be expedited as necessary based upon information from the referring physician.	Calgary Headache Assessment and Management Program (CHAMP)	403-944-2826	403-283-2270
Cognitive Neurosciences Clinic (CNC)	The Cognitive Neurosciences Clinic (CNC) provides consultative advice on the diagnosis and management of neurological diseases that cause cognitive impairment or dementia.	Cognitive Neurosciences Clinic (CNC)	403-944-4406	403-944-8228
General Neurology (GN)	At this time all referrals to general neurology should be sent direct to the offices of the individual neurologists.	General Neurology (expected January 1, 2011)	TBA	TBA
Urgent Neurology Clinic (UNC)	The UNC provides a neurological assessment service for patients with acute neurological problems, who require assessment that is non-emergent but who need to be seen within 72 hours. All referrals to the UNC will be triaged.	Urgent Neurology Clinic	403-944-2372 and if appropriate page the neurologist on call for interim care advice: FMC: 403-944-1110 RGH: 403-943-3000 PLC: 403-943-4555	403-270-1848
Movement Disorders Clinic (MDC)	The clinic functions as a resource of expertise in the medical diagnosis and treatment of movement disorders.	Movement Disorders Clinic	403-944-4364	403-944-4063
		Pediatric Tourette Syndrome Clinic	403-955-5912 or 403-955-5982	403-955-5990
Multiple Sclerosis (MS) Clinic	The MS clinic is a resource of expertise in the diagnosis and management of MS and related demyelinating diseases. If it is unclear whether the problem is due to MS the referral should be to general neurology or urgent neurology instead.	MS Clinic	403-944-4253	403-270-7162
Neuromuscular Clinic (NMC)	The neuromuscular clinic is involved in the care of patients who have disorders which affect the peripheral nervous system. If it is unclear whether the problem involves the peripheral or central nervous system the referral should be to general neurology or urgent neurology instead.	Neuromuscular Clinic (NMC)	403-944-4415 or 403-944-4418	403-270-8830
Seizure Clinic	The seizure clinic functions as a resource of expertise in the management of epilepsy.	Seizure Clinic	403-944-8087	403-283-2270
Stroke Prevention Clinic	Referrals to the Stroke Prevention Clinic (SPC) should be sent by fax to SPC Central Access & Triage.	Stroke Prevention Clinic	403-944-1447	403-944-1154

Medical Services

Specialty	Description	Contact #s Clinic	Phone	Fax
Chronic Pain Centre (CPC)	<p>The Chronic Pain Centre is a Consult Service. Referrals will initially be triaged to one of two care pathways:</p> <ul style="list-style-type: none"> • A Self-Management approach to pain. Patients are required to attend an orientation presentation where they will receive a Pre-Assessment Questionnaire which must be completed and returned prior to continuing the program. • A Medical Management focus. These patients will be sent a Pre-Assessment Questionnaire which needs to be completed and returned prior to being given an initial assessment appointment. <p>Our aim is to support the Family Practitioner in the long term management of chronic pain through a collaborative approach. The family practitioner will be asked to continue prescribing medications and follow through on suggestions provided by the Chronic Pain Centre.</p>	Chronic Pain Program	403-943-9900	403-229-2954
Clinic for Mind Body Medicine	All referrals by physicians will be made to General Internal Medicine Central Access & Triage. Clinic staff at CMBM will triage referrals and book appointments with patients.	Clinic for Mind Body Medicine at RGH	403-943-8476	403-955-2066
Diabetes, Hypertension and Cholesterol Centre (DHCC)	The DHCC provides services through community nurses in physician offices, community classes, and individual counseling at Richmond Road Diagnostic and Treatment Centre (RRDTC), Foothills Medical Centre, Rockyview General Hospital, South Calgary Health Centre, and Peter Lougheed Centre.	Diabetes, Hypertension and Cholesterol Centre (RRDTC)	403-955-8118	403-955-8634
Endocrinology & Metabolism	All referrals to an endocrinologist will be triaged through Central Access & Triage. If the referral indicates a specific consultant then Central Access & Triage will direct it to that office, unless it is known that the consultation cannot be provided within the specified time requirements for urgency.	Endocrinology Central Access & Triage	403-955-8633	403-955-8634
Gastroenterology	<p>All referrals to a gastroenterologist should be made through Central Access & Triage service, except in the case of the specialists at the Rockyview for whom existing contact details should be used, and for the PLC and FMC physicians listed whose offices should be contacted directly.</p> <p>Please do not send referrals for routine colon cancer screening to GI Central Access & Triage.</p> <p>This program has a separate referral form and process that can be accessed at http://www.ucalgary.ca/colonscreening/</p>	GI Central Access & Triage Dr Price Dr Hershfield Dr Ma Dr Bass & Dr Blustein	403-210-7565 403-283-6613 403-240-4084 403-568-9789 403-270-9555	403-210-9340 403-270-7722 403-244-3536 403-590-8616 403-270-7479
General Internal Medicine	All referrals to an internist will be triaged through Central Access & Triage, except in the case of referrals to internists at the PLC. These referrals should be sent directly to the doctors' private offices.	General Internal Medicine Central Access & Triage	Receptionist: 403-955-8657 Triage nurse: 403-955-8655	403-270-8453
Hematology	The Division of Hematology and Hematologic Malignancies provides full service care for patients with malignant and nonmalignant hematological disorders. This includes inpatient and outpatient chemotherapy and procedures at the PLC, FMC and TBCC sites. Referrals for Hematologic Disease Consultation may be made in two ways. Referrals to Drs Blahey, Thael and Lategan should be made through their office contact numbers. Referral to all other Hematologists is through the Hematology Central Access & Triage contact number.	Hematology Central Access & Triage Dr Blahey Dr Thael Dr Lategan	403-944-8050 403-266-1246 403-237-5802 403-943-5423	403-944-3001 403-233-9278 403-233-9278 403-943-5520

Medical Services (cont)

Specialty	Description	Contact #s Clinic	Phone	Fax
Living Well with a Chronic Condition Program	Living Well will accept referrals for patients with a chronic condition. The program is group based and patients must be able to function within a group setting. Under special circumstances, one-on-one dietitian counselling is available.	Living Well Program	403-943-2584 (9HEALTH)	403-955-6868
Mental Health	Access Mental Health offers information and options for over 2,000 mental health related services within the Calgary Zone.	Access Mental Health	403-943-1500	403-943-9044
Nephrology	All referrals to a nephrologist will be triaged through Central Access & Triage, except in the case of Drs Schorr and Sepandj for whom referrals should be sent direct through their office contact numbers.	Nephrology Central Access & Triage Dr Schorr Dr Sepandj	403-955-6389 403-270-7575 403-521-0201	403-955-6776 403-270-2164 403-521-0550
Respiratory Medicine	All referrals to a Respiriologist will be triaged through Respiratory Medicine Central Access & Triage.	Respiratory Central Access & Triage	403-943-4718	403-944-1250
Rheumatology	All referrals to a rheumatologist will be triaged through Central Access & Triage, except in the case of Dr Choi who should be sent referrals directly.	Rheumatology Central Access & Triage Dr Choi	403-944-4426 403-276-7800	403-944-4430 403-276-7801
Senior's Health & Geriatric Medicine	All referrals to Specialized Geriatric Services will be triaged through a One-Line Referral service	Senior's Health One-Line Referral	403-955-1525	403-955-1514
Sleep Centre	Referrals to the Sleep Centre should be sent to the Sleep Centre Central Access & Triage.	Sleep Centre	403-944-2404	403-270-2718
Southern Alberta HIV Clinic	All referrals to the Southern Alberta HIV Clinic should be made through the main clinic phone/fax number. Clinic staff will triage referrals and book appointments with patients. Please note: All patients must have a documented positive HIV test result prior to referral.	Southern Alberta HIV Clinic	403-955-6399	403-955-6355
Vascular Risk Reduction Program	This program helps patients with known atherosclerotic disease (CAD, CVA, carotid disease or PAD) manage their risk factors related to atherosclerosis (DM, HTN, Dyslipidemia and smoking) with the aim of preventing further disease. Patients receive evaluation, education and management of their arterial health. They are followed for a minimum of 1 year to a maximum of 2 years.	Vascular Risk Reduction Program	403-955-8032	403-955-8634

It is noted that within the Department of Medicine specialties, Dermatology and Infectious Diseases will be maintaining their existing referral processes and forms.

Palliative / End of Life Care

Specialty	Description	Contact #s Office	Phone	Fax
Intensive Palliative Care Unit (IPCU)	Referrals must be initiated by a physician on the palliative care consult team.			
Palliative/End of Life Care	<p>The Palliative Care consult teams provide support to patients, families, home care clinicians and family practitioners with concerns regarding the management of adult patients with complex palliative symptoms and/or issues related to his/her life-limiting disease, such as; palliative pain & symptom management, psycho-social and spiritual concerns, education regarding disease progression and the end of life, prognosis and goals of care, accessing community resources, and transitioning to hospice. The team is comprised of palliative physicians, clinical nurse specialists and a clinical specialist in end-stage pulmonary disease.</p> <p>*Generally the patient's prognosis is anticipated to be within 1 year and the goal of care is comfort and symptom management.</p>	Palliative Care central office	403-944-2304	403-270-9652
Residential Hospice	Hospice referrals must be made by a Palliative Consultant or Palliative Home Care Coordinator and can be made by contacting Hospice Central Access.	Hospice Care Central Access	403-944-1614	403-270-9652
Rural Palliative Consult Team	<p>The Rural Palliative Consult team provides services to Home Care patients or to patients that have been admitted to a rural acute care facility. All requests (Rural North and Rural South) for Rural Palliative Consult Team should be faxed to the Rural office. The referral will be sent to the appropriate consult team member. You will be contacted by the team member to discuss the patient further with a joint visit preferred. If you have not been contacted within 48 hours, please call the office to inquire regarding the consult.</p> <p>If the consult is urgent, please call the office (an urgent referral is appropriate if the patient is at risk of presenting to the Emergency Department within 24 hours with palliative symptom issues).</p>	Rural Palliative Care Office	403-995-2714	403-995-2619
Urban Palliative Consult Team (Homecare)	<p>The Palliative Home Care consult team works with patients that are currently on Home Care (exceptions are made by the team). All requests for Palliative Home Care Consult should be faxed to the Urban Palliative Care Office to be triaged. The referral will be sent to the appropriate consult team member. You will be contacted by the team member to discuss the patient further with a joint visit preferred. If you have not been contacted within 48 hours, please call the office to inquire regarding the consult.</p> <p>If the consult is urgent, please call the office (an urgent referral is appropriate if the patient is at risk of presenting to the Emergency Department within 24 hours with palliative symptom issues).</p>	Urban Palliative Care Office	403-944-2304	403-270-9652

Surgical Services

Specialty	Description	Contact #s Clinic	Phone	Fax
Hepatopancreaticobiliary (HPB) (Department of Surgery)	All referrals involving neoplastic tumors and/or complex benign conditions of the liver, pancreas and biliary system which may require surgical intervention should be made through Central Access & Triage Clinic. Staff will triage referrals in consultation with the surgeon.	Central Access & Triage Hepatopancreaticobiliary (HPB) Dr. Bathe Dr. Dixon Dr. Sutherland	 403-521-3179 403-944-3045 403-944-1233	403-476-8798

Women's Health

Specialty	Description	Contact #s Clinic	Phone	Fax
Calgary Breast Health Clinic	The Calgary Breast Health Program provides excellence in breast health care to individuals with a breast health concern through the Breast Health Clinic, nurse navigation, education classes and psychosocial support services. The team is committed to ensuring that coordinated, timely and integrated breast health services are readily accessible..	403-944-2240	403-944-2240	403-944-2250
High Risk Breast Cancer Clinic	The HRBCC is a part of the Calgary Breast Health Program providing medical consultation, risk assessment, education, counseling and referral services for those at higher risk for developing breast cancer or ovarian cancer.	403-944-2444	RN 403-944-2547	403-944-8614
Pelvic Floor Clinic	The Pelvic Floor Clinic accepts referrals for women with urinary incontinence, lower bowel evacuation disorders and/or pelvic organ prolapse. The clinic uses a patient-centered multidisciplinary team approach with a strong focus on patient education. Following an introductory education session, women choose their initial care pathway; observational, conservative, or interventional. Services provided include assessment, pessary fitting, medical and surgical intervention, behavioral modification, physical therapy, and diagnostic testing (urodynamics, cystoscopy, anorectal physiology, anal ultrasound).	403-944-4000	403-944-4000	403-944-2154

Alberta Blood and Marrow Transplant Program - Adult 403-521-3528

Triage Category	Including, but not limited to:	Process	Approximate time to transplant (For Allogeneic transplant, the approximate time means when a donor has been identified)
Urgent	<p>Allogeneic Transplant</p> <ul style="list-style-type: none"> Relapsed acute leukemia in remission High cytogenetics risk acute leukemia Acute leukemia requiring >1 cycle chemotherapy to achieve remission CMML-2 or RAEB-2, CMLAP or CP2 MDS with evidence of transformation Myelofibrosis in transformation Severe aplastic anemia <p>Autologous Transplant</p> <ul style="list-style-type: none"> Lymphoblastic or Burkitt lymphoma Relapsed Hodgkins lymphoma Relapsed aggressive lymphoma 	<ul style="list-style-type: none"> Fax referral to Intake Team: Patients in Southern Alberta: 403-270-0782 Patients in Northern Alberta: 780-989-4343 	Within 8 weeks
Semi Urgent	<p>Allogeneic Transplant</p> <ul style="list-style-type: none"> Acute leukemia in first complete remission without high-risk cytogenetics Transfusion-dependent MDS Acute leukemia not in remission Lymphoblastic or Burkitt lymphoma <p>Autologous Transplant</p> <ul style="list-style-type: none"> Multiple myeloma Relapsed indolent lymphoma Acute leukemia in remission Relapsed germ cell tumour 	<ul style="list-style-type: none"> Fax referral to Intake Team: Patients in Southern Alberta: 403-270-0782 Patients in Northern Alberta: 780-989-4343 	Within 8 – 16 weeks
Routine	<p>Allogeneic Transplant</p> <ul style="list-style-type: none"> CLL or indolent NHL Hodgkins lymphoma Multiple myeloma Chronic myeloid leukemia, resistant or intolerant to TKI's <p>Autologous Transplant</p> <ul style="list-style-type: none"> Severe autoimmune diseases: Crohn's, Scleroderma, Multiple Sclerosis 	<ul style="list-style-type: none"> Fax referral to Intake Team: Patients in Southern Alberta: 403-270-0782 Patients in Northern Alberta: 780-989-4343 	> 16 weeks

Alberta Blood and Marrow Transplant Program - Adult

The Alberta Blood and Marrow Transplant Program will receive referrals from within the province of Alberta.

Specific co-morbidity information to identify if relevant:

- Provide all considered relevant by the referring source.

Specific symptom information to identify if relevant:

- Provide all considered relevant by the referring source.

Specific tests / investigations required to enable triage (except for Family HLA typing)*:

- Summary of medical and treatment history
- Results for HLA typing (if done) **Include all typing results: patient and siblings (match or not)**
- Pathology reports
- Bone marrow reports
- Chemotherapy records (include induction, consolidation and intrathecal)
- Race: (If patient's parents are from more than one of the following groups, check applicable groups) i.e. Caucasian / White; Black ; East Indian ; Asian/Pacific Islander; Hispanic; Native North American ; Unknown ; Other (indicate)
- Radiation therapy records
- Radiology reports (CT, PET, CXR, u/s, echo, etc.)
- Recent blood work (include hematology, coagulation, chemistry and virology)
- LDH at diagnosis and latest result

* 1) Indicate all pending results; 2) Referrals within TBCC, please do not duplicate any information that can be found in the chart; 3) Referrals within CCI, please do not duplicate any information that can be found on Aria.

Additional subspecialty requirements to provide:

Indicate Type of Referral: (Clearly indicate in summary of medical and treatment history)

- Family HLA Typing only
- Allogeneic Transplant
- Autologous Transplant
- BM/PBSC Collection
- 2nd Opinion

Family HLA Typing

For a referral specific to Family HLA typing only, provide the following:

- Summary of medical and treatment history

When a referral is made for family HLA typing or allogeneic transplant, the recipient (patient) has to complete all attached family HLA typing forms for nominal information related to:

- Siblings (Form A)
- Spouse (Form B)
- Children (Form C)
- Parents (Form D)

Forms are available in the Appendix and on the website www.departmentofmedicine.com/MAS/index.html.

Laboratory: Under no circumstances should HLA typing requisitions be handed out to the recipient for distribution to family members. This will be coordinated by an Intake Registered Nurse who will also obtain consent from the potential donor for disclosing the results to the transplant physician and the recipient. This process is mandatory per legislation and cellular therapy accreditation standards.

TBCC Colposcopy Clinic

403-698-8031

Triage Category	Examples	Process	Time to be seen
Emergent			
Urgent	<ul style="list-style-type: none"> • PAP Smear - Squamous Cell Carcinoma, • PAP - Adenocarcinoma • PAP - Other Malignant types 	<ul style="list-style-type: none"> • Colposcopy clinic / Clerk 403-698-8031 • Colposcopy Nurse 403-698-8025 • Colposcopy Fax 403-228-1076 	Within 1 week
Semi Urgent	<ul style="list-style-type: none"> • ASC-H - Atypical Squamous Cells – cannot exclude HSIL • HSIL – High Grade Squamous Intraepithelial Lesion (CIN 2-3) • Atypical Glandular Cells Adenocarcinoma in Situ • Abnormal appearing cervix – regardless of PAP smear findings 	<ul style="list-style-type: none"> • Colposcopy clinic / Clerk 403-698-8031 • Colposcopy Nurse 403-698-8025 • Colposcopy Fax 403-228-1076 	Within 1 month
Routine	<ul style="list-style-type: none"> • LSIL – Low Grade Squamous Intraepithelial Lesion – 2 paps at least 6 months apart over 2 years • ASC-US (any type) – Atypical Squamous cells of undetermined significance - 2 paps at least 6 months apart over 2 years • Genital warts 	<ul style="list-style-type: none"> • Colposcopy clinic / Clerk 403-698-8031 • Colposcopy Nurse 403-698-8025 • Colposcopy Fax 403-228-1076 	Within 4 months
Specific comorbidity information to identify if relevant: <ul style="list-style-type: none"> • Previous genital warts • Infectious disease – sexual transmitted agents • Any other concurrent medical problem • Concurrent pregnancy • Therapeutic abortion, D&C or Ablation within past 4 weeks 		Specific symptom information to identify if relevant: <ul style="list-style-type: none"> • Abnormal appearing cervix • Abnormal vaginal bleeding • Provide any considered relevant by the referring physician 	
Specific tests/investigations to provide if available: <ul style="list-style-type: none"> • Histopathological reports – for any surgical procedure, biopsy, or cytology – PAP Smear • History & Physical • All related DI – Reports • All relevant Consultation reports 		Note: Colposcopy Clinic is a diagnostic service	

TBCC Rehab-Lymphedema Management Program 403-476-2448

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Urgent	<ul style="list-style-type: none"> Weeping lower legs at risk for infection or palliative clients 	Fax referral to: 403-476-2457 For more information phone: 403-476-2448	Within 1 week
Routine	<ul style="list-style-type: none"> Secondary, cancer-associated lymphedema of arms, legs, trunk, and/or breast Non-cancer related lymphedema for a one-time assessment 	Fax referral to: 403-476-2457 For more information phone: 403-476-2448	Dependent on volume
Specific comorbidity information to identify if relevant: <ul style="list-style-type: none"> Cancer history, including type and staging, recurrence, metastases, present status Surgical history, including # and status of lymph nodes, post-op complications Treatment history, chemo and radiation Cellulitis history and treatments Any kidney dysfunction Diabetes Cognitive impairment CHF Obesity(provide BMI) Osteoporosis Peripheral neuropathy History of DVT 		Specific symptom information to identify if relevant: <ul style="list-style-type: none"> History of the swelling Pain Neurological symptoms Allergies, esp. latex, any creams Axillary web syndrome Radiation or adhesive capsulitis Shortness of breath or orthopnea 	
Specific tests/investigations to provide if available: <ul style="list-style-type: none"> ABPI/TBPI results for affected lower limb Any pathology reports Any relevant imaging reports 		<ul style="list-style-type: none"> WBC and differentiation, hemoglobin, and albumin levels 	
Additional subspecialty requirements to provide if available: <ul style="list-style-type: none"> Suspected DVT must be ruled out with Doppler ultrasound Active infection/cellulitis must be treated and resolving 			
Services will include: <ul style="list-style-type: none"> Specialized outpatient assessment/consultation for cancer-associated lymphedema management by physiotherapist &/or occupational therapist. Provision and application of compression bandages. Manual Lymph Drainage, as appropriate. Teaching regarding management of lymphedema, skin care, and exercises. Assessment for appropriate compression garments /systems. AADL authorizations for appropriate compression sleeves/ stockings and /or reduction systems and other appropriate ADL equipment. 		<ul style="list-style-type: none"> Up to ten (10) treatment sessions incorporating the above techniques, or as otherwise deemed appropriate by the treating therapist Lymphedema education class available monthly Occupational/Physiotherapy assessments of ROM/function/pain and appropriate treatments Written communication following assessment will be sent to referring physicians. 	

TBCC Tumour Groups

403-521-3722

Triage Category	Including, but not limited to:	Process	Estimated Time to Assessment
Emergent	<ul style="list-style-type: none"> • Superior Vena Cava Syndrome • Raised Intracranial Pressure • Life threatening respiratory difficulty Refer to Appendix X for presenting features/ symptoms; Reason for urgency; Associated tumour types; Action; Management.	Send patient to Emergency Room and then page oncologist on call: 403-944-1110	Same day
Emergent	<ul style="list-style-type: none"> • Spinal Cord Compression • Electrolyte abnormalities • Hypercalcemia • Malignant Bowel Obstruction • Potential Upper Airway Obstruction • Febrile Neutropenia. Refer to Appendix for Oncologic Emergency Guidelines including presenting features /symptoms; Reason for urgency; Associated tumour types; Action; Management.	If patient known to TBCC: page appropriate oncologist on call (medical, radiation, surgical, gynecological): 403-944-1110 If patient is not known to TBCC, send patient to Emergency Room.	Same day
Urgent	For triage category details of specific TBCC Tumour Groups, see relevant Tumour Group guidelines.		
Semi Urgent			
Routine			

Specific tests/investigations to provide if available:

Provide all relevant

- Pathology reports
- Diagnostic imaging
- Lab work

Additional subspecialty requirements to provide if available:

For referral requirements of specific TBCC Tumour Groups, see relevant Tumour Group guidelines.

To expedite the service provided to the patient, please ensure that the pathology report requirements for individual Tumour Groups are met prior to submitting the referral.

Please note that the patient must be notified of referral prior to submission of referral to TBCC.

TBCC Breast Tumour Group

403-521-3245

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> Spinal Cord Compression Hypercalcemia 	<ul style="list-style-type: none"> Refer to Oncological Emergency Guidelines in Appendix Go to nearest Emergency 	Same day (Emergency)
Urgent	<ul style="list-style-type: none"> Brain metastasis Lymphangitic carcinomatosis Inflammatory Breast Cancer Symptomatic metastases Locally advanced for pre-operative chemotherapy 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 Call triage coordinator: 403-521-3512 	Within 1 week
Semi Urgent	<ul style="list-style-type: none"> Node positive breast cancer 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 2 weeks
Routine	<ul style="list-style-type: none"> Asymptomatic metastases Node negative breast cancer DCIS - post segmental resection 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 2 – 6 weeks
Specific co-morbidity information to identify if relevant: <ul style="list-style-type: none"> Infectious disease Cardiac Disease Diabetes Any other concurrent medical problem 		Specific symptom information to identify if relevant: <ul style="list-style-type: none"> Provide any considered relevant by referring physician. 	
Specific tests/investigations required: Surgical Pathology report, cytology/biopsy and/or final surgery <ul style="list-style-type: none"> Operative Reports Appropriate Staging results – per CMAJ Breast Cancer Staging Guidelines – (CMAJ May 15, 2001; 164(10) p.1439 – 1444). All recent lab work Mammogram – reports, films if not on PACS 			
Specific tests/investigations to provide if available: <ul style="list-style-type: none"> All related DI reports, films if not on PACS Pre-operative Assessment if done 			

TBCC Cutaneous Tumour Group

403-521-3928

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> Brain Metastases with history of cancer Spinal Cord Compression 	<ul style="list-style-type: none"> Go to nearest Emergency Refer to Oncological Emergency Guidelines in Appendix 	Same Day
Urgent	<ul style="list-style-type: none"> Painful bone metastases Symptomatic Metastases 	<ul style="list-style-type: none"> Mark referral "urgent" Fax referral to TBCC Central Access & Triage: 403-521-3245 Call triage coordinator to discuss: 403-521-3928 	Within 1 week
Routine	<ul style="list-style-type: none"> New or recurrent Melanoma Non-Melanoma skin cancer referred by Specialist 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 1 - 2 weeks
Specific co-morbidity information to identify if relevant:		Specific symptom information to identify if relevant:	
<ul style="list-style-type: none"> Any other concurrent medical problem. 		<ul style="list-style-type: none"> Provide any considered relevant by the referring physician. 	
Specific tests/investigations required:			
<ul style="list-style-type: none"> Histopathological reports – for any surgical procedures, biopsy, fine needle aspirate, surgery Any OR reports for node dissection History and Physical (inpatients) Discharge Summary (inpatients) All lab work done in previous month 			
Specific tests/investigations to provide if available:			
<ul style="list-style-type: none"> Chest X-ray – report, films if abnormal Ultrasound – report and films – abdomen CT Scans – report and films/disc if not on PACS All other related DI – reports and films Consultation notes 			

TBCC Gastrointestinal (GI) Tumour Group

403-521-3245

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> Uncontrolled Bleeding from Bowel 	<ul style="list-style-type: none"> If patient not known to TBCC – Go to nearest Emergency 	Same day (Emergency)
Urgent	Colorectal Cancers: <ul style="list-style-type: none"> Rectal Cancer, resectable pre-operative therapy Esophageal Cancer, resectable pre-operative therapy Anal Cancer 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 1 - 2 weeks
Semi Urgent	<ul style="list-style-type: none"> Colorectal cancer Metastases Pancreatic Cancer - unresected Esophageal Cancer - unresected Gastric Cancer Metastases Symptomatic Palliative radiation for metastases 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 2 - 4 weeks
Routine	<ul style="list-style-type: none"> Post-operative Adjunctive Colorectal Cancers Rectal Cancer, high risk stage 2 & 3 Colon Cancer, stage 3 and high risk 2 (T4, poor differentiation) Gastric Cancer, Stage IB to IVA – postoperative adjunct Pancreatic Cancer – post-operative therapy Pancreatic Cancer Palliative 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 4 – 6 weeks
Specific co-morbidity information to identify if relevant: <ul style="list-style-type: none"> Infectious diseases Liver disease Any other concurrent medical problem 		Specific symptom information to identify if relevant: <ul style="list-style-type: none"> Provide any considered relevant by the referring physician. 	
Specific tests/investigations required: <ul style="list-style-type: none"> Histological confirmation of GI Malignancy is required Histopathological reports – for any surgical procedure, biopsy Any relevant OR reports for surgery for primary tumor (current or previous), biopsy and definitive surgery Colonoscopy/endoscopy – if done earlier, 2-3 years, do not send report Endorectal Ultrasound – report History & Physical (inpatients) Discharge Summary (inpatients) 		<ul style="list-style-type: none"> Ultrasound – Report – rectal, liver, abdomen; CT Scans – chest, abdomen, pelvis, – report and films/disc Bone Scan – report, films/disc All other related DI reports and films 	
Specific tests/investigations to provide if available: <ul style="list-style-type: none"> Barium Enema – report and films /disc Upper GI – report and films /disc Barium Swallow – report and films /disc 			

TBCC Genitourinary (GU) Tumor Group

403-521-3245

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> Spinal cord compression 	<ul style="list-style-type: none"> Refer to Oncological Emergency Guidelines in Appendix Go to Emergency 	Same day
Urgent	<ul style="list-style-type: none"> Lymph node positive or metastatic testicular cancer Uncontrolled hematuria secondary to renal cell carcinoma or TCC of urogenital tract 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 Notify GU Triage coordinator to discuss 403-521-3148 	Within 1 week
Semi Urgent	<ul style="list-style-type: none"> Localized Bladder Cancer - preoperatively for neoadjuvant chemotherapy Localized high risk prostate cancer 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 1 – 2 weeks
Routine	<ul style="list-style-type: none"> Renal cell Carcinoma - any stage Bladder Cancer post resection Metastatic Bladder Cancer Localized low risk and intermediate risk prostate cancer Penile cancer - any stage Resected testicular seminoma requiring RT/Surveillance 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 2 - 4 weeks
Specific co-morbidity information to identify if relevant: <ul style="list-style-type: none"> Renal Dysfunction/disease Any other concurrent medical problems 		Specific symptom information to identify if relevant: <ul style="list-style-type: none"> Provide any considered relevant by referring physician. 	

Specific tests/investigations to provide if available:**All Referrals**

- Histopathological reports relating to any surgical/biopsy procedures.
- Any relevant OR reports (TURP, orchidectomy, prostatectomy, lymphadenectomy), surgery for primary tumor (current and previous), inpatient discharge summaries, history, and physical.
- If transferring from another cancer clinic / facility, copies of all patient documentation.

Genitourinary – Prostate

- PSA Tumor Markers – recent and old
- Ultrasound report and film
- Bone Scan report and film
- CT scan report and film if available

Genitourinary – Testicular

- AFP and BHCG Tumor Marker – pre and post operative
- Chest X-ray report
- CT scan report and film – abdomen, pelvis, chest
- Ultrasound report – scrotal

Genitourinary – Bladder

- Operative report – cystoscopy
- CT Scans report and films
- Bone Scans report and films

Renal

- CT Scans report and films
- Ultrasound report and films
- Bone Scan report and films

TBCC Gynecology Tumour Clinic

403-521-3083

Triage Category	Examples	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> Gestational trophoblastic neoplasms (GTN) 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 Call triage coordinator to discuss: 403-521-3083 	Within 48 hours
Urgent	<ul style="list-style-type: none"> New ovarian, peritoneal, fallopian cancer diagnosis High grade endometrial cancer New diagnosis cervical cancer Pelvic mass - NYD 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 Call triage coordinator to discuss: 403-521-3083 	Within 1 week
Semi Urgent	<ul style="list-style-type: none"> New diagnosis of recurrent cancer Vulvar cancer Vaginal cancer New endometrial cancer – low grade Follow-up post-op Gyne cancer diagnosis elsewhere – eg. Endometrial cancer after surgery if further Rx required Second opinion re: cancer management from another gyn oncologist 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 1 – 2 weeks
Routine	<ul style="list-style-type: none"> Follow up transfer patients from another cancer centre High surgical risk technical skills 	<ul style="list-style-type: none"> Before referral - Call Gynecologic oncologist to discuss: 403-521-3721 	Within 4 weeks
Specific co-morbidity information to identify if relevant: <ul style="list-style-type: none"> Infectious diseases Cardiac disease Any other concurrent medical problem 		Specific symptom information to identify if relevant: <ul style="list-style-type: none"> Provide any considered relevant by referring physician. 	
Specific tests/investigations required: <ul style="list-style-type: none"> Histological confirmation of gynecological malignancy is required, unless pelvic mass with features of malignancy, include CA 125 and pelvic exam Histopathological reports – for any surgical procedure, biopsy, or cytology – PAP Smear Operative reports for primary tumour (current or previous), biopsy, definitive surgery – hysterectomy, D&C, salpingo-oophorectomy, vulvectomy, laparoscopy History & Physical (inpatients) Discharge Summary (inpatients) All lab work done within 1 month of visit – CA-125, BHCG Imaging of any pelvic mass - report 		<ul style="list-style-type: none"> If known cardiac disease - ECG & ECHO results within 3 months All Consultation reports 	
Specific tests/investigations to provide if available: <ul style="list-style-type: none"> CT Scans – abdomen, pelvis – reports Ultrasounds reports /films Chest X-ray report /films All related DI – Reports and films / disc if not on PACS 			

TBCC Head & Neck Tumour Group

403-521-3722

Triage Category	Examples	Process	Time to be seen
Emergent	<ul style="list-style-type: none"> • Airway obstruction due to cancer • Spinal cord compression • Uncontrolled bleeding or pain 	<ul style="list-style-type: none"> • Refer to Oncological Emergency Guidelines in Appendix • Airways obstruction, page ENT surgeon on call • Cord compression, bleeding, pain --> page Rad Onc on call 	Same Day - Emergency
Urgent	<ul style="list-style-type: none"> • All invasive head & neck cancer is considered urgent and will be seen within 2 weeks 	<ul style="list-style-type: none"> • Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 2 weeks
Routine	<ul style="list-style-type: none"> • Benign conditions such as schwannoma, glomus tumours, fibroma 	<ul style="list-style-type: none"> • Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 4 weeks
Specific co-morbidity information to identify if relevant:		Specific symptom information to identify if relevant:	
<ul style="list-style-type: none"> • Any other concurrent medical problem 		<ul style="list-style-type: none"> • Provide any considered relevant by the referring physician. 	
Specific tests/investigations required:			
<ul style="list-style-type: none"> • Histological confirmation of Malignancy is required. • *Histological confirmation may be waived prior to TBCC consult under certain circumstances, i.e. inaccessible tumour location, poor patient condition (please indicate reason on referral form). • Histopathological reports – for any surgical procedure, biopsy, either fine needle aspirate or excisional biopsy. • Operative reports to include surgeries for primary tumour – current or previous. • History and Physical (inpatients). • Discharge Summary (inpatients). • All lab work done in previous month & pre-operative. 			
Specific tests/investigations to provide if available:			
<ul style="list-style-type: none"> • Chest X-ray – report and films/disc if not on PACS • CT Scans – chest and head - report and films/disc if not on PACS • All other related DI – reports and films • Please indicate date and location of imaging studies. If ordered but not done, indicate date/location of imaging to be done. For scans that are not available on the Calgary Health Region PACS server, a CD Rom containing the images should be sent to TBCC from the outside radiology department • Consultation reports 			

TBCC Hematology Tumour Group

403-521-3722

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> • Hematological Malignancy with: <ul style="list-style-type: none"> o Superior Vena Cava Syndrome o Malignant Bowel Obstruction o Spinal Cord Compression o Hydronephrosis and renal failure o Hypercalcemia o Severe cytopenias ANC <0.5, platelets <20, Hb <70 • New Diagnosis of Acute Leukemia (new blasts on CBC or blood smear) or Highly Aggressive Lymphoma (Burkitt, Lymphoblastic) • Any bulky aggressive-lymphoma at risk for tumour lysis syndrome 	<ul style="list-style-type: none"> • Patient to be sent to Emergency Room at FMC or PLC • Call hematologist on call to discuss care at either: FMC 403-944-1110 or PLC 403-943-4555 	Within 24 hours
Urgent	<ul style="list-style-type: none"> • Severe symptoms (eg. drenching night sweats, >10% weight loss, fevers, pruritis, pain, dyspnea, other) in setting of: <ul style="list-style-type: none"> o Lymphoma o Myeloma o Chronic Myelogenous Leukemia o Chronic Lymphocytic Leukemia 	<ul style="list-style-type: none"> • Fax referral to TBCC Central Access & Triage: 403-521-3245 • Call Hematologic Malignancy Clinic to discuss: 403-521-3722 	Within 1 week
Semi Urgent	<ul style="list-style-type: none"> • New or relapsed diagnosis, without distressing severe symptoms: <ul style="list-style-type: none"> o Lymphoma o Myeloma • Bone Marrow Transplant Consult for active aggressive malignancy 	<ul style="list-style-type: none"> • Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 2 weeks
Routine	<ul style="list-style-type: none"> • New or relapsed diagnosis, without distressing symptoms: <ul style="list-style-type: none"> o Chronic Myelogenous Leukemia o Chronic Lymphocytic Leukemia • Bone Marrow Transplant Consult for indolent malignancy, or aggressive malignancy currently in remission • Any Hematological Malignancy currently in remission • Second opinion consults or Transfers from other centers 	<ul style="list-style-type: none"> • Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 4 weeks

Specific co-morbidity information to identify if relevant:

- Infectious disease.
- Liver disease.
- Any other concurrent medical problem.

Specific symptom information to identify if relevant:

- Provide any considered relevant by the referring physician.

Specific tests/investigations required:

- History and Physical (inpatients) – current symptoms, questionable emergent conditions, co-morbidities, Pulmonary Emboli
- Lab – CBC, chemistry
- CT – chest, abdomen, pelvis – Lymphoma patients – order at time of referral
- Histopathological report from excisional biopsy by surgeon

- Severe unexplained pancytopenia or severe cytopenias – current and comparison old CBC & Differential results
- Set up test/investigations as done for Hematology – in booklet – Page 18

Specific tests/investigations to provide if available:

In addition to consultation notes and pathology reports, please include copy of other tests.

Leukemia:

- AML/ ALL - Peripheral Blood Smear and HLA Typing if potential stem cell candidate, PT, PTT, Fibrinogen
- CLL – include Serum Protein Electrophoresis, Quantitative Immunoglobulins: IgG, IgA, IgM, B-2 – microglobulin, Flow Cytometry of peripheral blood for B-cell immunophenotyping (CD5, CD19, CD23, Smlg)

Lymphoma:

- CT scan neck, chest, abdomen, pelvis
- Acute Lymphoma - Serum Protein Electrophoresis, B-2 – microglobulin,
- Hodgkin's – same as Acute Lymphoma plus ESR if stage I – II

Myeloma and Plasma Cell Neoplasms:

- Skeletal survey
- Serum Protein Electrophoresis, Quantitative Immunoglobulins: IgG, IgA, IgM, B-2 – microglobulin, C-Reactive Protein
- Routine Urinalysis, 24 hour Urine Protein Electrophoresis

TBCC Lung Tumour Group

403-521-3811

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> Spinal cord compression Superior Vena Cava Obstruction 	<ul style="list-style-type: none"> Refer to Oncological Emergencies in Appendix Page oncologist on call 	Same day to within 1 week
Urgent	<ul style="list-style-type: none"> Brain metastases Hemoptysis (Frank blood) Painful Bone Metastases Small Cell Lung Cancer 	<ul style="list-style-type: none"> Mark referral "urgent" Fax referral to TBCC Central Access & Triage: 403-521-3245 Call Lung Triage Coordinator to discuss: 403-521-3811 	Within 2 weeks
Semi Urgent	<ul style="list-style-type: none"> Mesothelioma Non-Small Cell Lung Cancer (NSCLC) Stage I - IIIB, not resected NSCLC Stage IV (metastatic/palliative) 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 3 weeks
Routine	<ul style="list-style-type: none"> Resected NSCLC Stage I - IIIB (for consideration of adjuvant therapy) Bronchoalveolar Carcinoma 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 4 weeks
Specific co-morbidity information to identify if relevant:		Specific symptom information to identify if relevant:	
<ul style="list-style-type: none"> Infectious disease. Any other concurrent medical problems. 		<ul style="list-style-type: none"> Provide any considered relevant by the referring physician. 	
Specific tests/investigations required:			
As a minimum provide:			
<ul style="list-style-type: none"> CT Chest & Abdomen Patient Demographic Sheet (Inpatients), History and Physical (Inpatients) and Discharge Summary (Inpatients) Pulmonary function test (if patient clearly not palliative) Tissue diagnosis (pathology/cytology report)* 			
Specific tests/investigations to provide if available:			
<ul style="list-style-type: none"> Bone scan reports, discs if not on PACS Brain CT/MRI reports, discs if not on PACS Abdomen CT or ultrasound CT/PET Scan Bronchoscopy/mediastinoscopy report 			
Additional subspecialty requirements to provide if available:			
<ul style="list-style-type: none"> *Please refer patient to Thoracic Oncology Program (fax referral : 403-944-8848) to expedite tissue diagnosis and complete staging work-up prior to referral to Lung Tumour Group Based on information sent in referral and as appropriate, Lung Tumour Group triage co-coordinator may refer patient directly to thoracic surgeon or to Thoracic Oncology Program rather than having patient seen at TBCC 			

TBCC NeuroOncology Tumour Group

403-521-3722

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> • Raised Intracranial Pressure • Life threatening neurological changes as result of brain tumour 	<ul style="list-style-type: none"> • Activate EMS and go to closest Emergency 	Same day (emergency)
Urgent	<ul style="list-style-type: none"> • Glioblastoma Multiforme • Grade 3 Glioma 	<ul style="list-style-type: none"> • Referred by CHR neurosurgical Nurse Clinician • Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 1 – 2 weeks
Semi Urgent	<ul style="list-style-type: none"> • Grade 2 Glioma 	<ul style="list-style-type: none"> • Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 2 – 3 weeks
Routine	<ul style="list-style-type: none"> • Pilocytic Tumour • Meningioma – requiring non-surgical treatment 	<ul style="list-style-type: none"> • Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 4 weeks
Specific co-morbidity information to identify if relevant: <ul style="list-style-type: none"> • History – Seizures, focal neurological deficits • Infectious disease • Any other concurrent medical problem • Detail medication including decadron and anti-epileptic dose 		Specific symptom information to identify if relevant: <ul style="list-style-type: none"> • Provide any considered relevant by the referring physician. 	
Specific tests/investigations to provide: <ul style="list-style-type: none"> • Histological confirmation is required • Histopathological reports – any surgical procedure • Surgery report – primary tumor, including all neurosurgery • History & Physical – inpatient • Discharge summary – inpatient • All recent lab work – including drug levels • All related DI – report, films • All relevant medical and surgical consultations 			

TBCC Pain & Palliative Tumour Group

403-521-3589

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> Spinal Cord Compression Uncontrolled severe symptoms – rated 9-10/10 Delirium – acute onset confusion 	<ul style="list-style-type: none"> Go to Emergency Cord Compression refer to Oncological Emergency Guidelines in Appendix 	Same day
Urgent	<ul style="list-style-type: none"> Poorly controlled pain – rated 7-8/10 Poorly controlled symptoms including nausea & constipation Mild, unexplained cognitive impairment 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 Notify Pain & Palliative Triage Coordinator of incoming referral: 403-521-3589 	Within less than 1 week
Semi Urgent	<ul style="list-style-type: none"> Moderate pain – rated 4-6/10 Moderate symptoms such as nausea, constipation, fatigue, anorexia/cachexia, psychosocial, breathlessness 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 2 weeks
Routine	<ul style="list-style-type: none"> Chronic mild pain – rating 1-3/10 Mild symptoms End of life Planning 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 4 weeks
Specific co-morbidity information to identify if relevant: <ul style="list-style-type: none"> Any other concurrent medical problem. 		Specific symptom information to identify if relevant: <ul style="list-style-type: none"> Pain & symptoms and treatments already tried to manage these. Provide any considered relevant by the referring physician. 	
Specific tests/investigations required: <ul style="list-style-type: none"> List of symptom control medications – past & present Histological confirmation of malignancy Histopathological reports – for any surgical procedures, biopsy, or cytology Any Operative reports for primary tumour (current or previous), biopsy and definitive surgery History and Physical (inpatients) Discharge Summary (inpatients) All lab work done in previous month Specific tests/investigations to provide if available: <ul style="list-style-type: none"> All relevant DI – reports and films Consultation notes 		<ul style="list-style-type: none"> The pain & palliative tumour group does not treat chronic non-malignant pain 	

TBCC Sarcoma (Musculoskeletal) Tumour Group

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> Spinal Cord Compression 	<ul style="list-style-type: none"> Refer to Oncological Emergency Guidelines in Appendix 	Within 24 hours
Urgent	<ul style="list-style-type: none"> Biopsy proven high grade soft tissue sarcomas Rapidly growing or large soft tissue mass without tissue diagnosis Ewings Osteosarcoma Rhabdomyosarcoma Symptomatic metastases Neo-Adjuvant pre-operative chemotherapy 	<ul style="list-style-type: none"> Mark referral "urgent" Fax referral to TBCC Central Access & Triage: 403-521-3245 Call Triage coordinator to discuss if necessary: 403-521-3176 or Clinic at: 403-521-3169 	Within 2 weeks
Semi Urgent	<ul style="list-style-type: none"> Unresectable or metastatic, progressive, symptomatic GIST Post operative soft tissue sarcomas with positive margins 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 2 - 4 weeks
Routine	<ul style="list-style-type: none"> Biopsy proven desmoid tumours Post operative soft tissue sarcomas with negative margins Adjuvant chemotherapy 	<ul style="list-style-type: none"> Fax referral to TBCC Central Access & Triage: 403-521-3245 	Within 4 – 6 weeks
Specific co-morbidity information to identify if relevant: <ul style="list-style-type: none"> Any other concurrent medical problem. 		Specific symptom information to identify if relevant: <ul style="list-style-type: none"> Provide any considered relevant by the referring physician. 	
Specific tests/investigations required: <ul style="list-style-type: none"> Consultation letter with specific reason for referral. History and physical. Histopathological reports for any surgical procedures, biopsies. Any operative reports for primary tumour (current or previous), biopsy and definitive surgery. Discharge summary if hospitalized. Ewings, osteosarcoma, rhabdomyosarcoma, & biopsy proven high grade sarcomas require CT chest and local imaging within 4 weeks of appointment. All lab work done in previous month. 			
Specific tests/investigations to provide if available: <ul style="list-style-type: none"> Histopathological confirmation of sarcoma malignancy. All consultation reports. Reports and disks for chest x-rays, CT scans, MRI scans and other relevant diagnostic imaging done within past 6 months. All current & past imaging must be on disk – unless on PACS. 			

Bow Valley Cardiac Rehabilitation Program

403-679-7304

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
<p>Routine</p>	<p>All referrals to the Bow Valley Cardiac Rehabilitation Program are considered routine and are assessed on a case by case basis.</p> <p>This program is appropriate for patients who will benefit from long-term medically supervised cardiovascular exercise (e.g. patients with cardiovascular, cerebrovascular, peripheral vascular and pulmonary diseases).</p> <p>A 12 week program is also available for patients with risk factors for vascular diseases.</p>	<ul style="list-style-type: none"> • Fax referral to Kelly Yurasek, BVCRP at 403-678-1205. <p>Note: This program is for patients residing in the following communities: Banff, Canmore, Dead Man's Flats, Exshaw, Kananaskis, Lac des Arc, Lake Louise and Morley.</p>	<p>Dependant on volume and patient condition.</p>
<p>Specific comorbidity information to identify if relevant:</p> <ul style="list-style-type: none"> • Cerebrovascular Disease • Chronic Heart Failure • Chronic Lung Condition • Diabetes • Dyslipidemia • Hypertension • Ischemic Heart Disease • Obesity • Orthopaedic conditions • Other cardiac conditions (e.g. arrhythmia, valve disease) 		<p>Specific symptom information to identify if relevant:</p> <ul style="list-style-type: none"> • Limitations to exercise • Provide any considered relevant by the referring physician 	
<p>Specific tests/investigations to provide if available/relevant:</p> <p>Diagnostic tests including:</p> <ul style="list-style-type: none"> • angiography • cardiac MRI • exercise or pharmacological stress tests • echocardiography • pulmonary function tests 		<p>Additional subspecialty requirements to provide if available:</p> <p>Provide all considered relevant by the referring source.</p>	

Please note that by referring your patient to the program you are providing consent for that patient to participate in a supervised cardiovascular exercise program.

If you have any questions regarding the referral process or the Bow Valley Cardiac Rehabilitation Program contact Kelly Yurasek at 403-679-7304.

Cardiac Function Clinics

FMC: 403-944-5900

PLC: 403-943-5579

RGH: 403-943-8623

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Urgent	DIAGNOSED Heart Failure patients with: <ul style="list-style-type: none"> • Active and changing symptoms, typically exhibiting signs and symptoms of heart failure decompensation • Patients with NYHA IV symptoms • New onset of heart failure with progressively worsening symptoms • NYHA III symptoms and low BP (< 100 mmHg), or symptomatic hypotension • Worsening symptoms following recent hospital discharge • New or Worsening heart failure symptoms following cardiac surgery, • Worsening symptoms despite previously stable active anti-failure therapy 	Call clinic for all urgent referrals 403-944-5900 (FMC) 403-943-5579 (PLC) 403-943-8623 (RGH) AND Fax all referral information to appropriate CFC: FMC: 403-283-7061 PLC: 403-943-6566 RGH: 403-943-8619	Less than one week
Elective	Heart Failure NYHA II-IV	Fax referral to appropriate CFC: FMC: 403-283-7061 PLC: 403-943-6566 RGH: 403-943-8619	1-2 weeks

The Cardiac Function Clinics (CFC) are RN/MD directed clinics dedicated to the management of established heart failure patients. Care offered includes ongoing physical assessment and management of heart failure symptoms, management of medical and non-medical treatments, as well as ongoing patient teaching regarding diet, lifestyle and medication management. **Referrals must be accompanied by the name of the cardiologist who has agreed to follow the patient** in the CFC, reports of all cardiac testing, clinic letters, discharge summary, ECG and recent lab tests. Patients are typically discharged from the clinic if they demonstrate: a) resolution of HF, b) stabilization of HF with requirement for less than 6 monthly visits or c) inability of the patient to follow their CHF plan or follow up.

Specific tests/investigations required to enable triage:

For Inpatients:

- Basic patient identification and contact information, as well as (if not contained in documents below), co morbidity list, allergy list and medication list.
- Cardiology Consult / Internal Medicine Consult
- Hospital Discharge Summary
- Copy of most recent ECG
- Chest X Ray report copy
- Report of any ECHO, MRI, MUGA, Cardiac Catheterization performed while in hospital, if available
- Most recent cardiac blood work, and BNP if available

For Outpatients:

- Name of Attending Heart Failure Physician/Primary Cardiologist who has been asked to oversee the care of the patient.
- Basic patient identification and contact information, as well as (if not contained in documents below), co-morbidity list, allergy list and medication list.
- Cardiology Consult / Internal Medicine Consult
- Copy of most recent ECG
- Chest X Ray report copy
- Copy of latest ECHOCARDIOGRAM report (and any others if relevant)
- Report of any MRI, MUGA, Cardiac Catheterization, if available
- Most recent cardiac blood work and BNP if available

Cardiac Navigation Clinic (CNC)

403-944-3278

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> • Patients that need to be seen immediately, for example: <ul style="list-style-type: none"> ○ Acute or suspected MI ○ Unstable Angina with chest pain ○ SBE actual/suspected ○ Hemodynamically significant arrhythmias ○ Suspected aortic dissection ○ Suspected cardiac tamponade 	<ul style="list-style-type: none"> • Go to Emergency, or • Page Cardiologist on call: 403-944-1110 	Same day (emergency)
Urgent	<ul style="list-style-type: none"> • Patients with cardiac conditions that are not emergent, but are deemed likely to deteriorate if not seen by a cardiologist within two weeks. 	<ul style="list-style-type: none"> • Fax referral to Cardiac Navigation Clinic: 403-944-3200 	Up to 2 weeks
Semi Urgent	<ul style="list-style-type: none"> • Known or suspected cardiac conditions that require cardiology assessment more urgently than the routine timeframe. 	<ul style="list-style-type: none"> • Fax referral to Cardiac Navigation Clinic: 403-944-3200 	2-4 weeks
Routine	<ul style="list-style-type: none"> • All other cardiac conditions that can be seen through the existing elective system. 	<ul style="list-style-type: none"> • Fax referral to appropriate clinic or physician office if known • If uncertain of referral path, fax to Cardiac Navigation Clinic: 403-944-3200 	> 4 weeks
Specific comorbidity information to identify if relevant: <ul style="list-style-type: none"> • Diabetes • Thyroid disease • Renal dysfunction • Sleep Apnea / Snoring • Pulmonary (describe) • Liver / GI (describe) • Malignancy (5 years) • Renal disease 		Specific symptom information to identify if relevant: <ul style="list-style-type: none"> • Please provide details of any symptoms experienced relevant to the suspected cardiac condition. 	
Cardiac specific history to identify if relevant: <ul style="list-style-type: none"> • Please identify and provide supporting documentation for any previous Cardiac diagnoses, or relevant cardiac history, for example: <ul style="list-style-type: none"> ○ Prior MI ○ Prior PCI ○ Prior CABG ○ Hypertension ○ Hyperlipidemia ○ Smoking or cocaine use 		Specific tests / investigations required to enable triage: <ul style="list-style-type: none"> • 12 Lead ECG or rhythm strips of arrhythmia (if relevant) • Recent Blood Work <ul style="list-style-type: none"> ○ INR if patient on Coumadin ○ Lipid Profile ○ CBC, Lytes, Creatinine ○ TSH, Digoxin level • Emergency Physician record if patient being referred from ED. • Any other cardiac tests completed. 	

Cardiac Specialty Services and Clinics

Adult Congenital Heart Clinic

403-943-4504 (PLC)

Type of Patient	Process	Specific tests/ investigations required
Adult Congenital Heart Clinic sees patients with structural defects of the heart and great vessels.	Clinic accepts referrals from all physicians Phone: 403-943-4504 (PLC) Fax all referral information to clinic: PLC: 403-291-6814	Referrals to be accompanied by cardiac operative notes, the last pediatric cardiology notes if followed at a pediatric clinic and the most recent cardiac investigations: ECG, echocardiogram, cardiac catheterization, MRI, CT.

Atrial Fibrillation Clinic

403-944-3339

Type of Patient	Process	Specific tests/ investigations required
Atrial Fibrillation Clinic is focused on the management of patients with atrial fibrillation and/or atrial flutter.	Clinic accepts referrals from all physicians. Every patient requires a family physician for ongoing care. Phone: 403-944-3339 Fax all referral information to clinic: 403-944-3375	Must have documented Atrial Fibrillation via 12 lead ECG, ECG strip, Holter monitor, or event recorder. Fax completed referral with all supporting documentation such as ECG, Holter, Exercise Stress Test, Rhythm strip.

Cardiac Arrhythmia Clinic

403-944-4632

Type of Patient	Process	Specific tests/ investigations required
Cardiac Arrhythmia Clinic sees patients with symptomatic Heart Rhythm abnormalities, other than Atrial Fibrillation or rhythms requiring a pacemaker. This service also provides consultation and follow up care for patients with Implantable Cardioverter Defibrillators (ICD).	Clinic accepts referrals from all physicians Phone: 403-944-4632 Fax all referral information to clinic: 403-670-0365	Must have documented heart rhythm abnormalities or syncope, except Atrial Fibrillation (refer to Atrial Fibrillation Clinic) or Brady Arrhythmias (refer to pacemaker clinic). Fax completed referral with documentation of rhythm abnormality or physician's documentation of syncope.

Cardiac Device Clinic

403-944-1188

Type of Patient	Process	Specific tests/ investigations required
This service provides consultation and follow up care for pacemaker and ICD patients.	Requires a cardiologist referral. Cardiologist or Family physician can refer back to clinic for reassessment and should specify the reason for reassessment. Phone: 403-944-1188 Fax all referral information to clinic: 403-270-0718	Referrals to be accompanied by history and supporting documentation: <ul style="list-style-type: none"> • History, medications • Structural heart disease assessment: echocardiogram, MUGA, thallium, Cardiac MRI • Documentation of arrhythmia: ECG, Holter monitor, exercise treadmill test • Other cardiac monitoring: angiogram If referring for a pacemaker implant or ICD or requesting a reassessment please identify as part of reason for referral.

Connective Tissue Clinic

403-943-4959 (PLC)

Type of Patient	Process	Specific tests/ investigations required
Connective Tissue Clinic sees patients with diseases of the connective tissue (Marfan syndrome, Ehlers Danlos syndrome, Loeys-Dietz syndrome)	Clinic accepts referrals from all physicians Phone: 403-943-4959 (PLC) Fax all referral information to clinic: PLC: 403-291-6814	Referrals to be accompanied by genetic reports, cardiovascular operative reports, and the most recent cardiac investigations: ECG, echocardiogram, MRI, CT.

Hypertrophic Cardiomyopathy Clinic

403-943-4959 (PLC)

Type of Patient	Process	Specific tests/ investigations required
Hypertrophic Cardiomyopathy Clinic sees patients with a genetic disorder of the myocardium of the heart causing hypertrophy.	Clinic accepts referrals from all physicians Phone: 403-943-4959 (PLC) Fax all referral information to clinic: PLC: 403-291-6814	Referrals to be accompanied by history, genetic reports if available, and pertinent cardiac investigations; ECG, echocardiogram.

Amyotrophic Lateral Sclerosis (ALS) Clinic

403-944-4323

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Suspected ALS	<ul style="list-style-type: none"> The patient has a combination of upper motor neuron and lower motor neuron dysfunction. The weakness is progressing. There is no significant sensory involvement, or bowel or bladder involvement. The diagnosis of ALS or other motor neuron disease is suspected by a consultant on the basis of history, physical, or other lab studies. Family physicians must contact the ALS clinic to discuss the case with a clinic neurologist to ensure timely triage. 	<ul style="list-style-type: none"> Fax referral to the ALS clinic: 403-944-4355 Phone: 403-944-4323 	2 – 4 weeks
Specific co-morbidity information to identify if relevant: <ul style="list-style-type: none"> Is the patient aware of the diagnostic possibility that this could be ALS? 		Specific symptom information to identify if relevant: <ul style="list-style-type: none"> Is there weakness? Is there dysphagia? Is there dysarthria? Are there respiratory symptoms? Are there sensory changes? Are there bowel or bladder changes? 	
Specific tests/investigations required to enable triage if performed: <ul style="list-style-type: none"> MRI EMG Lab work 			
Additional Subspecialty Requirements to provide if available: Prior consultations			
NOTES: <ul style="list-style-type: none"> Incomplete or illegible referrals will be returned for completion before or during triage. Referrals more appropriate for another Neurology program will be forwarded (you will be notified). Patients may be seen at any site. 			

Calgary Headache Assessment and Management Program

403-944-2826

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> • Thunderclap headache (severe headache with peak intensity within seconds to 5 minutes from onset) • Headache with fever and meningismus • Headache with papilledema, altered level of consciousness and / or focal signs • Signs of acute glaucoma 	Send to Emergency immediately	Same Day
Urgent	<p>New headache or recent change in headache pattern in a patient with:</p> <ul style="list-style-type: none"> • relevant systemic illness, cancer • possible temporal arteritis and visual symptoms (over age 50) • papilledema in an alert patient without focal signs 	Refer to urgent neurology clinic or discuss with neurologist on call	2-6 days
Semi-urgent / will be expedited	<ul style="list-style-type: none"> • Suspected cluster headache or other trigeminal autonomic cephalalgias • Suspected temporal arteritis with headache but no other neurological symptoms • Orthostatic headache (worse on standing) suggestive of intracranial hypotension (CSF leak). • Unexplained neurological examination findings in an alert patient with headache without systemic disease or papilledema • Headache precipitated (not just aggravated) by cough, exertion, or straining • Headache worse with lying down • Patients with severe facial pain syndromes • Other patients may be expedited based upon information from the referring physician 	<p>Fax referral to CHAMP with appropriate triage information.</p> <p>Fax: 403-283-2270</p>	1 to 8 weeks
Routine	<ul style="list-style-type: none"> • Patients with migraine, tension-type headache, and other chronic headache syndromes with significant headache related disability. • Patients with headache on more than 14 days a month related to head or neck injury should be referred to the Calgary Chronic Pain Center Headache Program. 	<p>Fax referral to CHAMP at 403-283-2270</p> <p>Fax referral to the Calgary Chronic Pain Center Headache Program 403-229-2954</p>	Patients will be invited to an education seminar within 2 months, and can access other program components after that. Patients will be triaged as appropriate and physician consultation will occur later. For some patients, physician consultation may occur in a group setting.

Information Required to Enable Triage

The information below is required to triage patients to the appropriate parts of our multidisciplinary program. For your convenience, this page may be completed and faxed with your patient demographic information.

Calgary Headache Assessment and Management Program (CHAMP) Fax 403-283-2270

- Copies of previous neuroimaging reports, consultation letters, and information on medications tried in the past
- Main reason for referral _____

Provisional Headache diagnosis (check one):

- Migraine
- Tension-type headache
- Both migraine and tension-type headache
- Cluster and related headaches (Individual attack duration 3 hours or less)
- Hemicrania continua (continuous unilateral headache, always on the same side)
- Facial pain syndrome
- Other diagnosis (specify if possible) _____

Days with headache per month (Check one):

- 0 - 5
- 6 - 10
- 11 - 14
- 15 - 29 but not every day
- Every day
- Facial pain syndrome

Acute (symptomatic) medication use (check all that apply)

- Patient uses combination analgesics, codeine-containing analgesics, triptans, tramadol, or ergotamines on 10 days a month or more. Yes___ No___
- Patient uses plain acetaminophen or NSAIDs on 15 days a month or more: Yes___ No___
- Patient uses opioids other than codeine on 10 days a month or more Yes___ No___

Other (please check all that apply)

- Has the patient suffered a previous neck or head injury which appears related to the current headache problem?
- Orthostatic headache (worse on standing) suggestive of intracranial hypotension with CSF leak
- Unexplained neurological examination findings
- Headache precipitated (not just aggravated) by cough, exertion, or straining
- Headache worse with lying down

- Age at headache onset _____
- Able to communicate well in English? Yes___ No___ Language spoken _____
- Other relevant information for CHAMP patient triage _____

Cognitive Neurosciences Clinic (CNC)

403-944-4406

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> Acute delirium. Behavioral complications of dementia that are acutely compromising patient or caregiver safety (e.g. psychosis, agitation, violent behavior). 	Go directly to Emergency Department	Same Day
Semi-Urgent	<ul style="list-style-type: none"> New onset rapidly progressive dementia (that is, onset of dementia within last 3 months with progressive accumulating loss of function in activities of daily living within that time frame). 	Fax referral to the CNC: 403-944-8228 CNC Phone: 403-944-4406	Within 1 month
Routine	<ul style="list-style-type: none"> Suspicion of cognitive impairment or dementia caused by neurological disease. Opinion on etiology of cognitive impairment or dementia. Early-onset cognitive impairment or dementia (<65 years). Cognitive symptoms with objective evidence of poor cognition (e.g. by MMSE or MoCA). Assistance with pharmacologic management of memory impairment in dementia (note: consults solely for management of behavioural complications of dementia will not be accepted; consider referral to a geriatrician or geriatric psychiatrist instead). 	Fax referral to the CNC: 403-944-8228 CNC Phone: 403-944-4406	<3 months when there is documentation of dementia or objective evidence of poor cognition <12 months for referrals for memory symptoms with no documentation of decline in function or objective testing showing poor cognitive performance
Not Accepted	<ul style="list-style-type: none"> Referrals solely for management of behavioural complications of dementia. Referrals for capacity assessment or for driving assessment. Assessments for the Worker's Compensation Board. Referrals for assistance with management of community support or for transition from the community to assisted living; consider a referral to Senior's Health instead (F: 403-955-1514). Referrals for static cognitive impairment solely due to concussion, traumatic brain injury or psychiatric diseases. 		

The Cognitive Neurosciences Clinic (CNC) provides consultative advice on the diagnosis and management of neurological diseases that cause cognitive impairment or dementia. Common diagnoses seen in the clinic include Alzheimer's disease, vascular cognitive impairment, cerebral amyloid angiopathy, mild cognitive impairment, frontotemporal dementia, Lewy body disease and others. The Clinic will provide an assessment of the etiology of dementia, order further investigations as appropriate, and provide recommendations for management (e.g. with acetylcholinesterase inhibitors). Advice on community resources and support will be provided however the referring physician, not the Clinic, will be responsible for initiating referrals (e.g. for home care evaluation) as deemed necessary.

We strongly encourage referring physicians to administer the validated Montreal Cognitive Assessment Tool (MoCA, www.mocatest.org) when there are cognitive symptoms in patients with no evident functional limitations and no known neurological disease. Patients that score 26 or higher are very unlikely to have abnormal cognition or a neurological disease even when more extensive testing is performed; in this case referral to the CNC may not be necessary.

Required Information

- Brief description of history and examination results, or recent office note describing cognitive complaints.
- Results of MMSE, MoCA or other cognitive tests, if done.
- List of medications.
- Results of ALL diagnostic tests completed to date, including imaging and blood work.
- MR or CT images on disk should accompany the referral, if they were done outside Calgary.
- Notes from previous neurological, psychiatric or neuropsychological consultations.

NOTES:

- Incomplete or illegible referrals will be returned for completion before or during triage.
- Referrals more appropriate for another Neurology program will be forwarded (you will be notified).
- Patients may be seen at any site.

General Neurology including Urgent Neurology Clinic (UNC)

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> • Recurrent seizures, without full recovery of consciousness between them • Acute and persistent deterioration in level of consciousness • Sudden severe headache +/- neck stiffness +/- altered level of consciousness • New onset headache and stiff neck with associated signs of an infection • Acute onset of bilateral leg weakness in the past few hours or days +/- a sensory level +/- bladder dysfunction • TIA and stroke: see stroke prevention clinic guidelines • Acute ptosis associated with pain or a Horner's syndrome • Acute loss of vision 	<ul style="list-style-type: none"> • Go to Emergency Department for assessment by ER physician <p style="text-align: center;">or</p> <ul style="list-style-type: none"> • contact the ophthalmologist on call for acute, persistent loss of vision or go to the Emergency Department 	Same day
Urgent	<ul style="list-style-type: none"> • Onset within the previous month in a person without a previously diagnosed causative neurologic disease of: <ul style="list-style-type: none"> ◦ New ataxia ◦ New double vision ◦ Multiple cranial neuropathies or new onset bulbar symptoms ◦ First seizure ◦ New atypical headache with focal signs or clinically worrisome features ◦ New onset loss of consciousness of uncertain cause (not pre-syncope) ◦ New weakness other than suspected TIA/Stroke (see Stroke Prevention Clinic guidelines) ◦ New progressive or persistent cognitive dysfunction such as aphasia or apraxia. ◦ Progressive or persistent visual loss in one or both eyes which has been seen by an ophthalmologist and no ocular pathology has been found. If optic neuritis has been confirmed by an ophthalmologist refer to the MS Clinic for semi-urgent assessment. ◦ New isolated sensory deficits if there are objective findings of a sensory level or new bladder dysfunction • TIA and stroke: see Stroke Prevention Clinic guidelines • See neurology subspecialty clinic information for patients with the known neurologic diseases. • Patients with a known neurologic disease who are followed by a neurologist outside of a subspecialty clinic should be referred to their own neurologist. • See exclusions below. 	<ul style="list-style-type: none"> • Fax referral to the Urgent Neurology Clinic: 403-270-1848 <p style="text-align: center;">and if appropriate</p> <ul style="list-style-type: none"> • Page the neurologist on call for interim care advice: FMC: 403-944-1110 RGH: 403-943-3000 PLC: 403-943-4555 	Within 1 week

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Semi Urgent	<p>Onset within the past 3 months of a first ever episode of:</p> <ul style="list-style-type: none"> • New motor +/- sensory deficit with or without pain • New episodic confusion or amnesia • Progressive weakness • Progressive aphasia • Progressive cognitive decline • Progressive or intermittent dysarthria and/or dysphagia 	<p>Fax referral to: A general neurologist (Central Access and Triage expected by January 1, 2011)</p> <p>And /or</p> <p>Page the neurologist on call for interim care advice: FMC: 403-944-1110 RGH: 403-943-3000 PLC: 403-943-4555</p>	<p>Within 1 month</p> <p>This service is being implemented January 1, 2011 but this target will not likely be achieved for several months.</p>
Routine	<ul style="list-style-type: none"> • Chronic unremitting or frequent headache • Chronic intermittent or persistent dizziness or vertigo • Epilepsy • Sensory symptoms • Gait problems • Tremor • Other movement disorders • Chronic progressive limb weakness • mild cognitive impairment • chronic progressive cognitive decline • Multi-focal neurological symptoms without neurological signs • Multi-focal neurological symptoms with a normal or non-specific brain MRI • Abnormal brain MRI (other than a space occupying lesion) 	<p>Fax referral to: A general neurologist (Central Access and Triage expected by January 1, 2011)</p> <p>And /or</p> <p>Page the neurologist on call for interim care advice: FMC: 403-944-1110 RGH: 403-943-3000 PLC: 403-943-4555</p>	<p>Within 6 months</p>
<p>Exclusions Referrals in these situations will not generally be accepted</p>	<ul style="list-style-type: none"> • Follow-up appointments • Patients requiring follow-up after discharge from the general neurology service • Patients already registered in a subspecialty clinic • Patients who hope to be seen sooner than the subspecialty clinic can offer <hr/> <ul style="list-style-type: none"> • Second opinions • Medicolegal assessments • Workers' Compensation Board assessments <hr/> <ul style="list-style-type: none"> • Patients who no longer have a family doctor and wish primary care for their neurological problem from a neurologist who has seen them in the past <hr/> <ul style="list-style-type: none"> • Acute trauma to the nervous system with or without a neurological deficit • Acute or chronic radiculopathy with known structural cause (such as disc extrusions) • Failed back problems 	<p>Refer directly to previous neurologist or subspecialty clinic.</p> <hr/> <p>Refer directly to an individual neurologist</p> <hr/> <p>Another family physician is needed</p> <hr/> <p>Consider a surgeon for acute issues requiring surgery or; if chronic refer to a PM&R physician, or the Chronic Pain Centre</p>	

Specific Symptom information is required to permit triage to urgent or semi-urgent:

- Prominently indicate on the referral that urgent or semi-urgent assessment is requested.
- Describe or list all symptoms and clearly indicate their duration, persistence, and if they are worsening.
- Describe findings on neurologic examination and impact on function.
- Indicate management to date: investigations (+ results), physicians seen (+ opinion), and treatment (+ response).

Additional information to further enable triage and to optimize even routine consultations:

- Previous neurology consult letters (or discharge summaries).
- Co-morbidities and medications.
- If a second opinion is requested **of a specific neurologist** please include the reason that a second opinion is required, and the original consult note. The request may be declined and usually there is a long wait for appointments. These referrals must be sent directly to the individual neurologist.

NOTES:

- Incomplete or illegible referrals will be returned for completion before or during triage.
- Referrals more appropriate for another Neurology program will be forwarded (you will be notified).
- Patients may be seen at any site.
- Central access and triage (CAT) is being implemented in Neurology in 2010. The Urgent Neurology Clinic, Stroke Prevention Clinic and all subspecialty clinics included here are operational; please send referrals directly to these programs. The General Neurology Service, other than the Urgent Neurology Clinic, is expected to accept referrals centrally by January 1, 2011. This guide will include updated information as soon as this service is available. For now please continue to refer to individual neurologists.

Movement Disorders Clinic (MDC)

Triage Category	Including, but not limited to:	Process	Approx. time to be seen
Emergent	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Send patient to Emergency Room for assessment by ER physicians 	Same day
Urgent	<p>Re-referrals: Deep Brain Stimulator (DBS) Patients</p> <ul style="list-style-type: none"> Sudden worsening of Parkinson's disease or dystonia due to failure of battery or pacemakers in patients with Deep Brain Stimulators (DBS). Need for urgent MRI scans in patients with Deep Brain Stimulators <p>Patients of the Movement Disorder Clinic</p> <ul style="list-style-type: none"> Rapid Deterioration of Parkinson's Disease or other movement disorder 	<ul style="list-style-type: none"> For DBS issues please contact the Surgical Nurse coordinator (daytime) at: 403-944-4392 or 403-944-8152 In the evening contact Neurologist on Call Fax referral to: 403-944-4063 	Usually the same day Within 1 month
	<p>New Referrals:</p> <ul style="list-style-type: none"> Severe progressive Parkinsonism in children or severe tics 	<ul style="list-style-type: none"> Dr. Pringsheim will see at the Tourette and Pediatric Movement Disorders Clinic at the Alberta Children's Hospital (ACH). For emergent cases please page her: 403-212-8223-08511 or Tel: 403-955-5982 Fax: 403-955-5990 	Within 1 week
	<ul style="list-style-type: none"> Patients with hemi facial spasm, blepharospasm or cervical dystonia For Adults and children with tics 	<ul style="list-style-type: none"> Fax referral to MDC Clinic: 403-944-4063 Tourette and Pediatric Movement Disorders Clinic, ACH Tel: 403-955-5982 Fax: 403-955-5990 	Within 3 months Within 2 months
Routine <6 months	<ul style="list-style-type: none"> All other patients who do not fit the above examples 	<ul style="list-style-type: none"> Fax referral to MDC Clinic: 403-944-4063 	Depends on waiting list – may be up to 9 months

Specific Symptom information to identify if relevant:

- If the patient has pre-existing movement disorder; the reason for the referral to MDC Clinic

Specific tests/investigations required to enable triage:

Required Information for New Referrals:

- Previous neurology consult letters (or discharge summaries) if seen outside the Movement Disorders Clinic.
- Copies of any previous MRI reports (if any).
- Results of all prior investigations completed to investigate the neurological symptoms (if any).
- A list of co-morbidities and medications.

NOTES:

- Incomplete or illegible referrals will be returned for completion before or during triage.
- Referrals more appropriate for another Neurology program will be forwarded (you will be notified).

Multiple Sclerosis (MS) Clinic

403-944-4253

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> Disabling symptoms associated with inability to safely manage as an outpatient. Paraparesis, hemiparesis, and severe dysphagia are typical examples. Severe psychiatric co-morbidities (depression and psychosis) may require emergency assessment and psychiatric management. Suicide is common in MS. 	<ul style="list-style-type: none"> Send patient to Emergency Room for assessment by ER physicians 	Same day
Urgent / Semi-urgent	<p>New Referrals: Suspected MS</p> <ul style="list-style-type: none"> New, persistent, sub-acute CNS symptoms in adults, suspected by the referring physician to be due to MS are rarely appropriate for the MS Clinic. New, persistent, CNS symptoms in children and adolescents (age 16 and under), suspected by the referring physician to be due to CNS demyelination, including optic neuritis, transverse myelitis, ADEM, or neuromyelitis optica, or other acquired demyelinating syndromes should be referred to Dr Jean Mah. <p>New Referrals:</p> <ul style="list-style-type: none"> Patients diagnosed with MS but who are not MS Clinic patients and are not followed by a non-MS clinic neurologist who experience: <ul style="list-style-type: none"> Disabling relapses not thought to require hospitalization. Moderate or severe treatment adverse events in a patient recently moved to our referral area but started on MS therapy by a previous neurologist. Patients newly diagnosed with acute optic neuritis by an ophthalmologist. Patients newly diagnosed with MS or suspected MS by a neurologist and who will not be followed by that neurologist. <p>Re-referral of current MS Clinic patients:</p> <ul style="list-style-type: none"> Disabling relapses not thought to require hospitalization. Moderate or severe treatment adverse events. <p>Assessment for concurrent or potentially triggering factors (especially a bladder infection) should be completed by the referring MD.</p>	<ul style="list-style-type: none"> Refer adults to General Neurology or Urgent Neurology Clinic as per their guidelines. Dr. Jean K. Mah, Pediatric Neurology Clinic, Alberta Children's Hospital Ph: 403-955-7602 Fax:403-955-7609 <ul style="list-style-type: none"> Call or fax referral to the MS Clinic. Consider asking for an MS specialist to contact you for a telephone consult (much faster). Ph: 403-944-4253 Fax:403-270-7162 <p>Or</p> <ul style="list-style-type: none"> Page the neurologist on call for advice: FMC: 403-944-1110 RGH: 403-943-3000 PLC: 403-943-4555 	<p>1-5 days for a telephone consult between the nurse practitioner (fastest) or an MS neurologist and the referring MD.</p> <p>1 week for clinic assessment by nurse practitioner of a relapsing MS patient.</p> <p>1 month for clinic assessment by a neurologist.</p>
Routine	<p>New Referrals:</p> <ul style="list-style-type: none"> Patients with both focal CNS symptoms and a brain MRI that is highly suggestive of MS (see below). Patients diagnosed with MS, probable MS, transverse myelitis, or another demyelinating disease by a neurologist if the other neurologist is not also following the patient. Patients referred by a neurologist for assessment of suspected demyelinating disease. Patients diagnosed with optic neuritis by an ophthalmologist or neurologist (unless the other neurologist is also following the patient). 	<ul style="list-style-type: none"> Fax to the MS Clinic Ph: 403-944-4253 Fax:403-270-7162 	<p>< 3 months: > one recent relapse, rapid recent worsening, need to review MS therapies, or clear need for symptom management.</p> <p>< 6 months: Stable or slowly progressive disease.</p>

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
	<p>Re-Referrals:</p> <ul style="list-style-type: none"> Any current MS Clinic patient with MS or suspected MS for whom an MS Clinic assessment is requested. Previous MS clinic patients who were discharged because they were believed not to have MS must usually have new evidence suggestive of MS and an MRI strongly suggestive of MS to be re-reviewed in MS Clinic. A general neurology referral may be more appropriate. Current MS Clinic patients who have not been seen by a clinic physician for at least 18 months may self refer for routine assessment. 	<ul style="list-style-type: none"> Fax referral directly to the MS Clinic: 403-270-7162 <p>Consider requesting a telephone consult for interim care.</p>	<p>< 3 months: Multiple recent relapses, rapid recent worsening, or need to review MS therapies.</p> <p><6 months: Stable or slowly progressive disease.</p> <p>Telephone consults will usually occur within days if urgent; within 3 weeks if not urgent.</p>
Not accepted	<ul style="list-style-type: none"> Referrals for second opinions for people outside our referral area, or for those who believe they have MS despite an alternate neurologic opinion, are offered by several MS Clinic physicians in their general neurology clinics but this service is not available through the MS Clinic. Referrals to see people who live outside our referral area (Southern Alberta and the SE tip of BC) except in special circumstances. 		

In the Calgary MS Clinic the focus is on multidisciplinary care of Southern Albertans with MS and suspected MS. Non-specific symptoms like numbness and tingling and non-specific MRI changes which include demyelinating disease as a possible cause may be indications for neurology assessment but do not require MS Clinic assessment.

MRI in MS and suspected MS: Many people, especially those over age 50, have non-specific T2 hyperintensities on brain MRI; often they are described as 'sub-cortical' or 'punctate'. These are infrequently due to MS. Three of the following imaging features are almost always present in MS: flame-shaped/ovoid periventricular T2 lesions, infratentorial lesions (in the brainstem, cerebellum, or spinal cord), juxtacortical lesions, and gadolinium enhancing lesions are almost always present in MS.

Required Information

New referrals All newly referred patients receive education while on the wait list.

1. Previous neurology or ophthalmology consult letters (or discharge summaries) if seen outside the Calgary MS Clinic to confirm diagnosis and history.
2. Copies of all previous MRI reports (if any).
3. Results of all prior investigations completed to investigate the neurologic symptoms (if any).
4. A list of co-morbidities and medications.
5. If referred to assess focal symptom(s) in a person with an MRI suspicious for MS also describe the focal symptom(s) including date(s) of onset and evolution.
6. Provide details regarding symptoms that you believe require expedited assessment (sooner than 6 months).
7. If a telephone consult is requested please indicate this, note urgency and indicate your availability; if urgent provide choices for contact.

Re-Referrals

Simply indicate if urgent or expedited assessment is requested and if so explain why and give a timeline of changes. You may be contacted for further discussion if the need for urgency is unclear. Please request a telephone consult for interim care if required.

NOTES:

- Incomplete or illegible referrals will be returned for completion before or during triage.
- Referrals more appropriate for another Neurology program will be forwarded (you will be notified).

The following neurologists work in the Calgary MS Clinic and will transfer their patients to the clinic if seen elsewhere if appropriate. (*These also accept general neurology referrals.)

Drs. RB Bell, J Burton*, K Busche*, F Costello, J Davenport*, LM Metz, D Pearson*, D Patry*, M Yeung*, WF Murphy.

Neuromuscular Clinic (NMC) 403-944-4415 or 403-944-4418

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent New or Re-referring	<ul style="list-style-type: none"> • A patient with a known diagnosis of myasthenia gravis with increasing problems with respiration • Acute onset (within the past 7 days) of weakness, sensory symptoms in both legs, with or without urinary symptoms or shortness of breath • Recent onset (last one week) of major motor and/or sensory deficits in 2 or more peripheral nerve territories • New onset (last one week) of a problem with difficulty swallowing or breathing • Acute onset of weakness to both legs, possibly including bowel/bladder dysfunction and sensory disturbance over legs (suspected spinal cord, cauda equine, conus medullaris syndrome) 	<ul style="list-style-type: none"> • Go directly to Emergency Department 	Same day
Urgent New or Re-referring	<ul style="list-style-type: none"> • Known diagnosis of myasthenia gravis but with increasing problems with chewing, swallowing and speaking or generalized weakness • Onset in past 2-3 weeks of new, progressive sensory and motor deficits resulting in impaired function • Recent (2-3 weeks) onset of motor and/or sensory deficits in 2 or more peripheral nerve territories • Patient is discussed by telephone with neuromuscular neurologist and triaged to urgent 	<ul style="list-style-type: none"> • New referrals directed to Central Triage • Fax re-referrals to Neuromuscular Clinic: 403-270-8830 • Phone: 403-944-4415 or 403-944-4418 	Within 1-7 days
Semi-Urgent	<ul style="list-style-type: none"> • Onset of progressive limb weakness or swallowing/speech difficulties over weeks to months associated with loss of muscle bulk and, twitching of muscles • Progressive, primarily proximal limb weakness +/- swallowing difficulties (or problem in two or more nerve territories) of not more than 2 to 3 months duration • Progressive motor, sensory or bulbar disorder with more recent (past 2-3 weeks) significant decline and loss of ability to carry out activities of daily living. • Patient is discussed by telephone with neuromuscular neurologist and triaged to semi-urgent 	<ul style="list-style-type: none"> • New referrals directed to Central Triage • Fax re-referrals to Neuromuscular Clinic: 403-270-8830 • Phone: 403-944-4415 or 403-944-4418 	Within 2-4 weeks
Routine <3 months	<ul style="list-style-type: none"> • Chronic (more than 3 months) progressive weakness and or/sensory deficits with a stocking and glove pattern of involvement without a diagnosis, or with a diagnosis requiring treatment 	<ul style="list-style-type: none"> • Fax re-referrals to Neuromuscular Clinic: 403-270-8830 • Phone: 403-944-4415 or 403-944-4418 	Within 3 months
Routine <6 months	<ul style="list-style-type: none"> • Known diagnoses of muscular dystrophy, hereditary neuropathies, stable myasthenia gravis, stable peripheral neuropathies • Muscle cramping or pain of unknown cause, elevated CKs of unknown cause • Neuropathic pain 	<ul style="list-style-type: none"> • Fax re-referrals to Neuromuscular Clinic: 403-270-8830 • Phone: 403-944-4415 or 403-944-4418 	Depends on waiting list – may be up to 12 months

The Neuromuscular Clinic is involved in the care of patients who have disorders which affect the peripheral nervous system. As such the patients referred should clearly have a disorder of the peripheral nervous system (nerve roots, brachial, lumbosacral plexus, peripheral nerve, neuromuscular junction or muscle). **If it is unclear whether the problem involves the peripheral or central nervous system the referral should be to general neurology or urgent neurology instead.**

Required Information

- History, Neurological examination results
- List of medications
- Results of ALL diagnostic tests completed to date-imaging, electrophysiology, blood work, biopsies
- If done outside Calgary, MR images on disk should accompany the report
- Data/consult from previous neurological consultations

NOTES:

- Incomplete or illegible referrals will be returned for completion before or during triage.
- Referrals more appropriate for another Neurology program will be forwarded for program triage (you will be notified).
- Patients may be seen at any site.

Seizure Clinic

403-944-8087

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> Status epilepticus-convulsive or suspected non-convulsive Frequent or sequential seizures Severe toxicity or adverse reactions to treatment 	<ul style="list-style-type: none"> Send to Emergency department 	Same day
Urgent	<ul style="list-style-type: none"> First unprovoked seizure 	<ul style="list-style-type: none"> Fax referral to Urgent Neurology Clinic (UNC) 403-270-1848 - see separate information about UNC 	Within 1 week
Semi-Urgent	<ul style="list-style-type: none"> Increase in number or severity of seizures Moderate adverse effects of treatment Newly diagnosed epilepsy Recurrence of seizures after prolonged seizure free period. Recurrence interferes with driving, work. 	<ul style="list-style-type: none"> Fax referral to the Seizure Clinic and request an appointment or an epilepsy physician telephone consult Phone: 403-944-8087 Fax: 403-283-2270 	Within 1 month for clinic
Routine <3 months	<ul style="list-style-type: none"> Intractable epilepsy adequate trial of at least two anti-epileptic drugs (AEDs) Not previously seen by epileptologist 	<ul style="list-style-type: none"> Fax referral to Seizure Clinic Phone: 403-944-8087 Fax: 403-283-2270 	Within 3 months
Routine <6 months	<ul style="list-style-type: none"> Intractable epilepsy tried multiple AEDs 	<ul style="list-style-type: none"> Fax referral to Seizure Clinic Phone: 403-944-8087 Fax: 403-283-2270 	Within 6 months

Specific tests/investigations to provide if available:

- All medications and dosages
- Results of EEG, CT and MRI if done

Additional Subspecialty Requirements to provide if available:

- Previous consultation letters
- Important to ensure that witnesses, family or next of kin, care providers attend clinic or provide information on seizures**

NOTES:

- Incomplete or illegible referrals will be returned for completion before or during triage.
- Referrals more appropriate for another Neurology program will be forwarded (you will be notified).

Stroke Prevention Clinic (SPC)

403-944-1154

Triage Category	Criteria	Process	Estimated Time to Assessment
Emergent	Suspected TIA in last 48 hours with: <ul style="list-style-type: none"> • Motor weakness or speech deficit > 5 mins or • Any focal symptoms if Risk Score \geq 4, or • Any focal symptoms if patient has AF 	Send patient to Emergency Room and call TIA Hotline at 1 800 661 1700	Same day
Urgent	Suspected TIA in last 3 to 7 days with: <ul style="list-style-type: none"> • Motor weakness or speech deficit > 5 mins or • Any focal symptoms if Risk Score \geq 4, or • Any focal symptoms if patient has AF 	Fax referral to SPC: 403-944-1154	\leq 2 working days
Semi Urgent	1 Suspected TIA in last 8 to 14 days with: <ul style="list-style-type: none"> • Motor weakness or speech deficit > 5 mins or • Any focal symptoms if Risk Score \geq 4, or • Any focal symptoms if patient has AF 2 Sudden blindness in one eye (amaurosis fugax) in last 14 days	Fax referral to SPC: 403-944-1154	\leq 7 working days
Routine	All other suspected TIAs	Fax referral to SPC: 403-944-1154	\leq 21 working days

Risk Score Add the scores (in brackets) to calculate the Risk Score

Symptom	Focal weakness (=2)	Speech problem (=1)	
Duration of event	\geq 60 min (=2)	10 to 59 min (=1)	< 10 min (=0)
BP today \geq 140/90	yes (=1)	no (=0)	
Age \geq 60	yes (=1)	no (=0)	
Diabetes	yes (=1)	no (=0)	
		TOTAL	_____

Required Information

1. Date of suspected TIA (if > 1 event, give dates of first and last)
2. Specific focal symptoms (motor, speech, etc.) and event duration
3. Individual scores for each aspect e.g. BP, age etc and the total overall risk score
4. Heart rhythm and BP today
5. Cardiovascular risk factors, history of Diabetes, history of Stroke

Test Information

Indicate if any lab work or imaging (**when** and **where**) has been ordered or is completed.

Please Note:

Episodes of pre-syncope, loss of consciousness & memory loss, and recurrent episodes of dizziness are unlikely to be TIAs. Consider referring these patients to the Emergency Department, Urgent Neurology Clinic (ph: **403-944-2372**) or General Neurology Clinic as appropriate.

Chronic Pain Centre

403-943-9900

Triage Category	Including, but not limited to:	Process	Approximate Time to be seen
Fast Track	To be determined by the Pain Centre triage process based on information provided	Fax referral to Chronic Pain Centre 403-209-2954 (marked urgent) To discuss call 403-943-9930	Within 2–3 months after return of triage questionnaire.
Routine	<ul style="list-style-type: none"> • Headaches > 15 days/month • Pelvic Pain – Must have seen a community gynecologist • Vulvar Pain – Must have seen a community gynecologist • Non-malignant chronic pain presents for > 6 months <ul style="list-style-type: none"> • Musculoskeletal Pain • Neuropathic Pain • Complex Regional Pain Syndrome • Post Herpetic Neuralgia • Spinal Pain • Limb Pain • Abdominal & Chest Pain • Myalgias • Peripheral Neuropathies • Consideration for Spinal Cord Stimulator • Facial Pain 	Fax referral to Chronic Pain Centre 403-209-2954 Fax referral to Chronic Pain Centre 403-209-2954 Fax referral to Chronic Pain Centre 403-209-2954 Fax referral to Chronic Pain Centre 403-209-2954	Within 3–6 months Within 5–8 months Within 5–8 months 3–6 months to enter the program. Up to 14 months to see a physician.
Admission Criteria	<ul style="list-style-type: none"> • have current/valid Alberta Health Care coverage • have a family doctor who is prepared to work with the treatment team and provide follow-up • be cognitively capable of participating in assessment and treatment • be in stable medical condition • not have a mental health condition that would preclude participation in assessment and treatment • not have a major opioid addiction • not have an Active WCB Claim <p>Please attach all relevant Diagnostic Imaging and Consult letters.</p>		

Clinic for Mind Body Medicine

403-943-8476

Triage Category	Examples	Process	Time to be seen
Routine	<ul style="list-style-type: none"> All referrals to the Clinic for Mind Body Medicine are considered routine and treated on first-come, first-served basis. 	<ul style="list-style-type: none"> Fax referral to General Internal Medicine Central Access & Triage: 403-955-2066 For more information refer to the website for the Clinic: http://www.calgaryhealthregion.ca/programs/cmbm/ For inquiries: Telephone: 403-943-8476 	Dependent on volume
<p>Specific chronic conditions information to identify if relevant:</p> <ul style="list-style-type: none"> Anxiety Depression Chronic Fatigue Fibromyalgia Diffuse Bodily Pain/Chronic Pain (please specify) Back Pain Non-Cardiac Chest Pain Irritable Bowel Syndrome (IBS) Gastrointestinal Symptoms (please specify) Insomnia Headache /Migraine Stress Management 		<p>Specific symptom information to identify if relevant:</p> <ul style="list-style-type: none"> Chronic pain (please specify) Gastrointestinal Symptoms (please specify) Provide all considered relevant by the referring source 	
<p>Specific tests/investigations to provide if available:</p> <ul style="list-style-type: none"> History & Physical – most recent Discharge Summary (inpatients) Medications – current with dosage Lab work – most recent only Related DI reports – most current Consultation reports 		<p>Referral Criteria:</p> <ul style="list-style-type: none"> Be at least 18 years of age, medically stable, with access to Primary Care Physician Have chronic symptoms/illness at least 6 months and thorough diagnostic medical workup has been completed Mood altering analgesic and psychotropic medications will be reduced, if not eliminated Willingness to take an active role in symptom/illness management and wellness attainment from integrated mind/body framework Not involved in litigation or receiving long term disability as result of their symptoms/condition 	

Diabetes, Hypertension and Cholesterol Centre (DHCC)

403-955-8118

Triage Category	Examples:	Process	Approximate time to be seen
Urgent	<ul style="list-style-type: none"> Newly diagnosed Type 1 Uncontrolled, symptomatic DM with fasting/ac BG >20 mmol/L and/or ketones > 1.5 +++ metabolically compromised Type 2 DM requiring insulin BP > 160/100 and < 200/130 with or without co-morbidities or DM Triglycerides > 15 mmol/L 	<ul style="list-style-type: none"> Fax referral to 403-955-8634 	Within 24 hours
Regular	<ul style="list-style-type: none"> All Type 1 DM who do not meet above criteria for an Urgent referral Type 2 DM <ul style="list-style-type: none"> 2 or more OHA – suboptimal control <ul style="list-style-type: none"> Insulin starts Recent treatment for severe hypoglycemia Recurrent hypoglycemia Require a change to pre-existing OHA/insulin combination Symptomatic with fasting/ac BG >16 mmol/L BP >140/90 & <160/100 with 2 or more co-morbidities (target organ damage, CV risk factors) or DM BP >140/90 & <160/100 with > 2 hypertension medications Triglycerides 6-15 with/without DM LDL >5.0 mmol/L without DM LDL >3.5 mmol/L with DM 	<ul style="list-style-type: none"> Fax referral to 403-955-8634 	1 week

BP and Lab results as specified are mandatory; all referrals are triaged using the information provided by you. When appropriate, patients will be referred for education and exercise at Living Well. All patients seen at DHCC will receive assessment, education and assistance with management to achieve targets as suggested by you or if not specified, then national Clinical Practice Guideline targets will be assumed.

Assistance with management includes:

- Diabetes Educator may adjust medications or make recommendations according to guidelines and protocol.*
- Referring physician will be contacted if medication has been adjusted substantially.
- Referring physician will be notified at least every 2 months during therapeutic adjustment time.
- Periodic lab glucose values to validate patient blood glucose testing equipment and technique.
- HbA1c every 3 months if not done by referring physician.

For Lipid only patients:

- Lipids every 3 months if not done by referring physician.

* Diabetes Medication Adjustments Protocol available on request.

Specific tests/investigations required to enable triage:

Diabetes

Type: Type 1, Type 2, IFG or IGT

HbA1c

Date of diagnosis

Previous Education

Target glucose levels of _____ ac meals/
_____ 2 hr pc meals

Hypertension

Recent BP reading/Reason:

Target BP of _____

Dyslipidemia

Cholesterol Profile

Target lipids of: Chol _____,
Trig _____, HDL _____, LDL _____

Please indicate if you wish:

- No consult with specialist
- 24-hour Ambulatory BP Monitoring
- Insulin Start (need specific orders)

For insulin starts please provide the following instructions:

- Type of insulin
- Dosage in units
- Time of injection:
 - Example: N or NPH 5-10 units sc at hs
- Target glucose levels:
 - Example: 4-7 mmol/L before meals; 5-10 mol/L 2 hours after meals
- Insulin Adjustment:
 - Example: Educators may adjust insulin by up to 15% of total daily dose to attempt to reach target glucose levels and/or follow the Diabetes Medication Adjustments Protocol*.
- Oral diabetes agents
 - Please comment if you wish dosage of oral agents to change once insulin is initiated.
 - Please comment which oral agents you would like continued or discontinued once insulin is initiated.
- Client conditions which impact client's ability to learn in a group setting.
 - Examples: cognitive impairment, English is second language, physical barriers

* Diabetes Medication Adjustments Protocol available on request.

Note:

Rural Diabetes Clinic Services are available at the following sites. Please call your local Hospital or Health Unit for contact information.

- Airdrie/Didsbury
- Banff
- Black Diamond
- Canmore
- Claresholm
- Cochrane (follow DHCC guidelines and fax referral to 403-955-8634)
- High River
- Okotoks
- Nanton
- Strathmore
- Vulcan

Endocrinology & Metabolism - Adult

403-955-8633

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> • Diabetic Ketoacidosis • Severe Hypercalcemia > 3.5 • Severe Adrenal Insufficiency 	<ul style="list-style-type: none"> • Send to Emergency 	Within 1 day
Very Urgent	<ul style="list-style-type: none"> • Severe Hyperthyroidism • Newly Diagnosed Diabetes Mellitus Type 1: not in DKA i.e. HCO₃ >18 • Adrenal Insufficiency • Hypopituitarism with acute symptoms 	<ul style="list-style-type: none"> • Call the Triage Endocrinologist: 403-955-8633 (Mon-Fri 0900-1700) • Call the Endocrinologist on call: 403-944-1110 (Mon-Fri 1700-0900 and weekends) 	Within 1 day
Urgent	<ul style="list-style-type: none"> • Hyperthyroidism (newly diagnosed) • Diabetes in Pregnancy • Adrenal Mass > 4 cm • Pituitary Tumor with Visual Defect and/or Hypofunction • Hypercalcemia > 3 • Hypertriglyceridemia TG > 15 • Endocrine Disorders in Pregnancy 	<ul style="list-style-type: none"> • Fax referral to Endocrinology Central Access & Triage: 403-955-8634 • Diabetes in Pregnancy fax referral to Clinic at: FMC: 403-283-0921, PLC: 403-943-5426 or RGH: 403-212-1232 	Within 1 week
Semi Urgent	<ul style="list-style-type: none"> • Thyroid nodule: > 3 cm or Family History of Thyroid Cancer or Cervical Lymphadenopathy or Microcalcification on Thyroid U/S • Diabetes with Severe Unrecognized Hypoglycemia • Hypercalcemia - 2.6-2.9 • Diabetes A1c > 12% 	<ul style="list-style-type: none"> • Fax referral to Endocrinology Central Access & Triage: 403-955-8634 	Within 4 weeks
Routine	<ul style="list-style-type: none"> • Goitre with normal thyroid function • Pituitary Tumor • Hirsutism • Infertility • Diabetes Planning Pregnancy • Hyperlipidemia • Osteoporosis • Obesity • Galactorrhoea • Gynecomastia • Adrenal Mass < 4 cm • Hypertension (diagnosis of suspected endocrine cause) • Amenorrhoea • Diabetes – inadequate control 	<ul style="list-style-type: none"> • Fax referral to Endocrinology Central Access & Triage: 403-955-8634 	Within 12 - 26 weeks
Specific co-morbidity information to identify if relevant:		Specific symptom /patient information to identify if relevant:	
<ul style="list-style-type: none"> • Provide all considered relevant by the referring source. 		<ul style="list-style-type: none"> • Provide all considered relevant by the referring source. • The Division of Endocrinology encourages referring physicians to discuss atypical problems or uncertain diagnoses with the endocrinologist responsible for triage 403-955-8633. 	

Specific tests/investigations required to enable triage:

<p>Thyroid Dysfunction</p> <ul style="list-style-type: none"> • TSH • Free T4 	<p>Goitre or Thyroid Nodule</p> <ul style="list-style-type: none"> • TSH • Thyroid ultrasound 	<p>Pituitary Mass</p> <ul style="list-style-type: none"> • Free T4 • Prolactin • Cortisol (before 0900 serum) • Free Androgen index (male) • MRI or CT report
<p>Suspected Cushings</p> <ul style="list-style-type: none"> • 24 hour urinary free cortisol 	<p>Galactorrhoea</p> <ul style="list-style-type: none"> • Prolactin • TSH 	<p>Acromegaly</p> <ul style="list-style-type: none"> • Serum IGF-I
<p>Adrenal Insufficiency</p> <ul style="list-style-type: none"> • Call endocrinologist on call with history. 	<p>Adrenal Mass</p> <ul style="list-style-type: none"> • BP history • Serum electrolytes • 24-hour Urine metanephrines • 24-hour Urine free cortisol • Radiology report (CT or MRI) 	<p>Amenorrhoea</p> <ul style="list-style-type: none"> • Pregnancy Test • TSH • Prolactin • FSH • LH • Free Androgen Index • Perform a progesterone challenge (medroxyprogesterone acetate 5 mg daily for 10 days) if the above are normal.
<p>Diabetes</p> <ul style="list-style-type: none"> • A1C (recent and historical) • Lipid profile • ALT • Microalbumin (random urine microalbumin to creatinine ratio) • Serum creatinine (and calculated GFR) 	<p>Lipid Disorders</p> <ul style="list-style-type: none"> • Lipid profiles (recent and past) • TSH • Fasting glucose • Urinalysis • ALT, CK and Alk Phos 	<p>Hypercalcaemia and Hypocalcaemia</p> <ul style="list-style-type: none"> • Serum calcium levels • Phosphate, albumin, magnesium, creatine • Serum PTH
<p>Hypertension (suspect Pheochromocytoma)</p> <ul style="list-style-type: none"> • 24 hour urine metanephrines 	<p>Hypertension (suspect Hyperaldosteronism)</p> <ul style="list-style-type: none"> • Electrolyte panel, Creatinine, Aldosterone/Renin ratio 	<p>Fragility Fractures/Osteoporosis</p> <ul style="list-style-type: none"> • Bone density studies • Serum calcium • Phosphate • Albumin • Alk Phos
<p>Obesity/ Weight Gain</p> <ul style="list-style-type: none"> • Lipid profile • Fasting glucose • ALT, GGT • TSH 	<p>Hypoglycemia (non-diabetic)</p> <ul style="list-style-type: none"> • ALT • GGT • Alk Phos • Creatinine 	

Gastroenterology

403-210-7565

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> Active /recent melena Hematemesis Acute pancreatitis Ascending cholangitis Complete dysphagia Acute GI bleed 	Page gastroenterologist on call: <ul style="list-style-type: none"> Patients residing in SW /NW call: 403-944-1110 Patients residing in SE / NE call: 403-943-4555 	Same day (emergency) to 2 weeks
Urgent	<ul style="list-style-type: none"> Mass on DRE or BE/UGI Severe /progressive dysphagia or odynophagia Abdominal mass Painless obstructive jaundice Active IBD Iron deficiency anemia Positive fecal occult blood Sudden weight loss Rectal bleeding 	<ul style="list-style-type: none"> Fax referral to GI Central Access & Triage: 403-210-9340 	3-6 months
Semi Urgent	<ul style="list-style-type: none"> Stable dysphagia New change in bowel movements Poorly controlled reflux / dyspepsia 	<ul style="list-style-type: none"> Fax referral to GI Central Access & Triage: 403-210-9340 	6-12 months
Routine	<ul style="list-style-type: none"> Chronic constipation or diarrhea Chronic abdominal pain Altered bowel movements Confirmation of Celiac disease Screening for Barrett's disease 	<ul style="list-style-type: none"> Fax referral to GI Central Access & Triage: 403-210-9340 	15 months or more

Referrals to GI Central Triage MAY be triaged as “Direct to procedure” (DTP). DTPs are directly booked for a single appointment including a brief and focused consultation and a procedure (either endoscopy, colonoscopy or both) with a gastroenterologist. In order to minimize delays, we ask that the following information be included in for ALL referrals to GI central triage.

Specific symptom /patient information to identify if relevant:

- Any reason to believe this patient is unsuitable for Direct-to-procedure process
- Any language barrier requiring an interpreter. If yes, what language: _____
- Currently Pregnant
- Allergies
- BMI
- Severe chronic renal failure

Any significant cardiac disease <ul style="list-style-type: none"> MI within 1 year Angina with minimal activity or at rest Any internal defibrillator Severe congestive heart failure Prosthetic heart valve/ valvulopathy A stroke within the past year 	List of current medications eg. <ul style="list-style-type: none"> anticoagulants (warfarin) antiplatelet agents (ASA, Plavix@..) diabetes medications (insulin and/or oral medications) 	Suffering from respiratory insufficiency <ul style="list-style-type: none"> Is the patient on home O2? Is the patient on CPAP? Is the patient a brittle asthmatic? 	Any history of: <ul style="list-style-type: none"> MRSA V RE C. Difficile
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Specific tests/investigations required to enable triage:

Change in bowel movements <ul style="list-style-type: none"> • Explanation of symptoms • CBC • ferritin • celiac serology • C-Reactive protein • albumin • TSH • calcium, magnesium, phosphate 	Confirmation of celiac serology <ul style="list-style-type: none"> • CBC • ferritin • celiac serology (includes tissue transglutaminase, antiendomysial antibody and IgA levels) 	IBD (Active) <ul style="list-style-type: none"> • CBC • C-Reactive Protein • ESR • albumin 	Iron deficiency anemia <ul style="list-style-type: none"> • CBC • ferritin • celiac serology (includes tissue transglutaminase, antiendomysial antibody and IgA levels)
Melena (recent history) <ul style="list-style-type: none"> • CBC • INR • ferritin 	Mass on DRE or BE/UGI <ul style="list-style-type: none"> • report of mass 	Painless obstructive jaundice <ul style="list-style-type: none"> • CBC • INR • LFT's • ultrasound / CT report 	Positive occult blood test <ul style="list-style-type: none"> • FOBT • CBC • INR • ferritin
Rectal Bleeding <ul style="list-style-type: none"> • DRE • CBC • INR • ferritin 	Sudden weight loss <ul style="list-style-type: none"> • CBC • ferritin • LFT's • albumin • ESR 		

Additional subspecialty requirements to provide if available:

- Family history of colon cancer (first degree relative, second degree relative, no family history of colon cancer). If there is family history of colo-rectal cancer – please provide ages at diagnosis.

Please do not send referrals for routine colon cancer screening to GI Central Access & Triage. Please direct these referrals to the **Colon Cancer Screening Centre**. This program has a separate referral form and process that can be accessed at <http://www.ucalgary.ca/colonscreening>

General Internal Medicine

403-955-8657

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> Oxygen IV Therapy Antibiotic etc. DVT/PE 	<ul style="list-style-type: none"> Page general internist on call: FMC: 403-944-1110 RGH: 403-943-3000 PLC: 403-943-4555 	Same day (emergency)
Urgent	<ul style="list-style-type: none"> Accelerated hypertension Heart failure Acute inflammatory process Poorly controlled diabetes 	<ul style="list-style-type: none"> Fax referral to General Internal Medicine Central Access & Triage: 403-270-8453 	Within 2 weeks
Routine	<ul style="list-style-type: none"> Diagnostic dilemmas Multiple system disease Hypertension Chronic renal failure Vascular risk reduction 	<ul style="list-style-type: none"> Fax referral to General Internal Medicine Central Access & Triage: 403-270-8453 <p>(*For participating Internists – see below)</p>	3-6 months
Specific co-morbidity information to identify if relevant:		Specific symptom information to identify if relevant:	
<ul style="list-style-type: none"> Provide all considered relevant by the referring source. 		<ul style="list-style-type: none"> Provide all considered relevant by the referring source. 	
Specific tests/investigations required to enable triage:			
<ul style="list-style-type: none"> Provide all considered relevant by the referring source. 			
Chronic Renal Failure			
<ul style="list-style-type: none"> Trends in creatinines, urinalysis, diagnostic imaging, completed workup 			
Hypertension			
<ul style="list-style-type: none"> Trends in BP, medication changes, past secondary hypertension w/u evidence of target organ damage 			
Additional subspecialty requirements to provide if available:			
<ul style="list-style-type: none"> Please specify if appropriate which area within General Internal Medicine you consider your patient will likely need to be seen by an internist specializing in: <ul style="list-style-type: none"> Chronic Renal Failure Cardiovascular Risk Reduction Hypertension 			

All referrals deemed **urgent** (approximate time to be seen is within 2 weeks) by the referring source should be faxed through GIM central intake. GIM physicians at **all 3** adult hospital sites attend in the GIM **Urgent** Assessment Clinic. However, all referrals are triaged when received and, depending upon the circumstances of the 'urgency', these may be reassigned a differing urgency status by central intake.

As of November 2010, the **participating general internists for referrals to central intake deemed nonurgent** are:

Dr Ghazwan Altabbaa	Dr Don Cook	Dr Robert Herman	Dr Marcy Mintz
Dr Christine Banage	Dr Stephen Duncan	Dr Faisal Jhandir	Dr Jeff Schaefer
Dr Barry Baylis	Dr Fiona Dunne	Dr Pin Li	Dr Jan Sporina
Dr Aleem Bharwani	Dr Ralph Hawkins	Dr. Irene Ma	Dr Caren Wu

Please note that any **nonurgent** referrals to **other, nonparticipating** general internists should be sent directly to these physicians' private offices.

You will receive notification of receipt of referral within 2 working days of receipt. Please call if you haven't received notification.

Hematology - Adult

403-944-8050

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> • New diagnoses of: <ul style="list-style-type: none"> o Acute leukemia or Severe cytopenias o Suspected TTP o Severe Thrombocytopenia (platelet count <10 or <20 with bleeding) • Bleeding in patient with known bleeding disorder (hemophilia, von willebrand disease, platelet function disorders) • Symptoms of Acute PE/DVT 	<ul style="list-style-type: none"> • Call hematologist on call at either FMC 403-944-1110 or PLC 403-943-4555 • Southern Alberta Rare Blood and Bleeding Disorders Comprehensive Care Program (Hemophilia Clinic) at FMC 403-944-4057 Monday to Friday 8am-4pm; or • Hematologist on call at FMC after hours; or • If emergent treatment necessary, patient to report to nearest ER. • ER physician at nearest centre 	Within 24 hours
Urgent	<ul style="list-style-type: none"> • New Diagnosis of lymphoma, Myeloma, Chronic Myelogenous leukemia (CML), Chronic Lymphocytic leukemia (CLL)*. • Severe unexplained pancytopenia or severe individual cytopenias eg. anemia (Hgb <85), thrombocytopenia (platelets >10 and <50 without bleeding); or neutropenia (neutrophil count <0.5 without current infection symptoms). * CLL with high lymphocyte count only may be seen as semi urgent. • Thrombosis or bleeding disorder or other hematologic disorder consultation in a pregnant patient. • Patient with a known bleeding disorder having any invasive procedure or dental work done • Preoperative assessments or anticoagulant bridging for surgery. 	<ul style="list-style-type: none"> • Hematology Central Access & Triage Fax 403-944-3001 Phone: 403-944-3265 or Hematologist offices for: <ul style="list-style-type: none"> Dr Blahey, Phone: 403-266-1246 Fax: 403-233-9278 Dr Thael, Phone: 403-237-5802 Fax: 403-233-9278 Dr Lategan Phone: 403-943-5423 Fax: 403-943-5220 or Direct referral to TBCC Hematologic Malignancy Clinic Referral: Phone: 403-521-3722 Fax: 403-521-3245 • Hematology Central Access & Triage Fax 403-944-3001; or Hematologist office for Drs Blahey, Thael or Lategan; or Maternal Disorders of Pregnancy Clinic for thrombosis related consultation in pregnancy Referral: 403-220-6376 Fax: 403-283-6151 • Call Southern Alberta Rare Blood and Bleeding Disorders Comprehensive Care Program (Hemophilia Clinic) at FMC 403-944-4057 • Pre Admission Clinic (Internal Medicine): Pre-operative consultations to IM in the Pre-Admission Clinic are made from the surgeon on the OR Booking Request Form. 	Within 2 weeks

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Semi Urgent	Moderate anemia, thrombocytopenia, leucopenia Thrombocytosis Polycythemia Leukocytosis Suspected Bleeding Disorders	<ul style="list-style-type: none"> Hematology Central Access & Triage Fax 403-944-3001; or Hematologist office for Drs W Blahey, JF Thael or J Lategan 	Within 12 weeks
Routine	Mild to chronic anemia, thrombocytopenia, leucopenia Personal or Family history of Venous thrombosis or inherited thrombophilia Duration of Anticoagulation for venous thromboembolic disease	<ul style="list-style-type: none"> Hematology Central Access & Triage Fax 403-944-3001; or Hematologist office for Drs W Blahey, JF Thael or J Lategan 	Within 6 months
Specific co-morbidity information to identify if relevant: <ul style="list-style-type: none"> Provide all considered relevant by the referring source 		Specific symptom / patient information to identify if relevant: <ul style="list-style-type: none"> Provide all considered relevant by the referring source 	
Specific tests / investigations required to enable triage:			
Acute leukemia or, severe cytopenias, suspected TTP, Severe Thrombocytopenia: <ul style="list-style-type: none"> CBC and Differential, EP, Cr Any available old CBC results for comparison 	Bleeding in patient with known bleeding disorder: <ul style="list-style-type: none"> Patient's diagnosis Recommended replacement /treatment products and current symptoms 	New Diagnosis of lymphoma, Myeloma, Chronic Myelogenous leukemia (CML), Chronic Lymphocytic leukemia (CLL)*: <ul style="list-style-type: none"> Pathology reports Flow cytometry reports Diagnostic imaging reports CBC, LFT, LDH, Cr, Serum protein electrophoresis results 	
Thrombosis or bleeding disorder or other hematologic disorder consultation in a pregnant patient: <ul style="list-style-type: none"> Thrombosis history Thrombosis study results Bleeding disorder diagnosis and testing results CBC, PT,APTT, Creatinine, LFT or any other relevant test results for the problem 	Severe unexplained pancytopenia or severe individual cytopenias: <ul style="list-style-type: none"> Current and comparison old CBC and Differential results Mild to moderate anemia, thrombocytopenia, leucopenia: <ul style="list-style-type: none"> Current and comparison old CBC and Differential results Relevant prior nutritional chemistry (eg. Ferritin, B12, folate), Renal and liver enzyme chemistry 	Thrombocytosis, Polycythemia, Leukocytosis <ul style="list-style-type: none"> Current and comparison old CBC and differential results Suspected bleeding disorders: <ul style="list-style-type: none"> CBC PT APTT Creatinine Liver enzyme Prior Special Hemostasis studies results (eg. Factor levels, von Willebrand factor levels if available) 	

Living Well with a Chronic Condition Program

403-943-2584

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Routine	<ul style="list-style-type: none"> All referrals to the Living Well program are considered routine and treated on a first come, first served basis. Patient self referrals are accepted. 	<ul style="list-style-type: none"> Fax referral to: 403-955-6868 OR Call 403-943-2584 (9HEALTH) 	Dependent on volume, all referrals are put into queue.
Specific comorbidity information to identify if relevant: <ul style="list-style-type: none"> Arthritic Condition (please specify) Celiac Disease Chronic Kidney Disease Chronic Lung Condition (please specify) Chronic Pain Condition (please specify) Cognitive Impairment Diabetes <ul style="list-style-type: none"> Type 1 Type 2 <ul style="list-style-type: none"> Insulin OHA Diet only Dyslipidemia Falls Risk Gestational Diabetes High Risk Hypertension Hypertriglyceridemia IGT or IFG IHD Neurological Condition (please specify) Obesity (Provide BMI) Other cardiac condition (please specify) Osteoporosis Post Ca Treatment Smoking Cessation Stroke Other (please specify) 		Specific symptom/patient information to identify if relevant: <ul style="list-style-type: none"> Limitations to exercise Exercise-induced symptoms Language needs Specific tests/investigations required to enable triage: <ul style="list-style-type: none"> Exercise stress test (if completed) Myocardial perfusion imaging (if completed) Pulmonary function tests (if completed) 	
Additional subspecialty requirements to provide if available:			
Please specify in the referral form the specific Living Well services requested:			
<ul style="list-style-type: none"> Supervised Exercise Program (\$80 per session, subsidies are available) Education Self Management (Row Your Own Boat) (there is no charge for this program) Nutrition Counseling (only available for the listed conditions, no charge to clients) <ul style="list-style-type: none"> Celiac Disease Colitis Constipation Crohn's Disease Diarrhea Diverticular Disease Fatty Liver Food Allergy/Intolerance Gastroesophageal Reflux Disease Hepatitis Hypoglycemia Irritable Bowel Syndrome Liver Cirrhosis Malnutrition Pancreatitis Prenatal Concerns Renal (GFR >30) Short Bowel Sleep Apnea Unexplained Weight Loss Other (specify) 			

Mental Health

403-943-1500

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	Clinical situation where there is an imminent risk of harm or death to self or others i.e. serious suicidal states, violent states or states of seriously impaired judgment, delirium, dementia, acute psychosis, severe dissociative state. Querying admission to hospital.	<ul style="list-style-type: none"> Connect patient with crisis resources i.e. Emergency department, MRT (contact MRT through distress centre). 	N/A - Direct to emergency services.
Urgent	Acute but not necessarily severe disorders or issues that necessitate the need for urgent attention to prevent further decompensation i.e. displaying some signs of psychosis, suicidal ideation without intent, postpartum depression.	<ul style="list-style-type: none"> Fax referral to Access Mental Health: 403-943-9044 or Call Access Mental Health: 403-943-1500 7:30am - 7:00pm Monday - Friday 	Prioritized and processed by Access Mental Health within 1-2 business days and directed to appropriate resource. Appointments to be booked by receiving program.
Semi Urgent/ Routine	Requesting psychiatric consult for mild to moderate mood disorder, anxiety disorder, or medication consultation. Patient requires counselling for ongoing life stressors and is not in an acute state.	<ul style="list-style-type: none"> Fax referral to Access Mental Health: 403-943-9044 	Average 10 business days for referral to be processed by Access Mental Health and directed to appropriate resource. Appointments to be booked by receiving program.
Specific co-morbidity information to identify if relevant: <ul style="list-style-type: none"> Current GAF / GAS Suicidal /self injury risk assessment Illicit substance use or abuse Is the client involved with the legal system? Pending charges? On probation? Is the client their own legal guardian? If not who is? If child, is child welfare involved? 		Specific symptom information to identify if relevant: <ul style="list-style-type: none"> Provide all considered relevant by the referring source. 	
Specific tests /investigations required to enable triage: <ul style="list-style-type: none"> Attach any psychiatric consultations, reports or hospital admission records within past year. 			

Nephrology

403-955-6389

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> Life-threatening uremic symptoms marked hyperkalemia > 6.5 pulmonary edema pericarditis 	<ul style="list-style-type: none"> Page nephrologist on call: 403-944-1110 	Same day (emergency)
Urgent	<ul style="list-style-type: none"> Rapid decline in renal function over days to weeks GFR declining over weeks to months in the setting of hematuria and/or proteinuria GFR<15mls/min Acute Nephrotic syndrome Suspected vasculitis / autoimmune disease RPGN / nephritic syndrome with GFR<45mls/min Evidence of a systemic autoimmune disease 	<ul style="list-style-type: none"> Fax referral to Nephrology Central Access & Triage: 403-955-6776 	2-3 weeks
Semi Urgent	<ul style="list-style-type: none"> Patients with chronic kidney disease at high risk of progression (i.e. those with >3g/day proteinuria) Chronic kidney disease worsening over weeks to months GFR 15 - 30 Patients with multiple risk factors for progression 	<ul style="list-style-type: none"> Fax referral to Nephrology Central Access & Triage: 403-955-6776 	4-6 weeks
Routine < 3 months	<ul style="list-style-type: none"> Patients with chronic kidney disease at moderate risk of progression (i.e. those with >1g/day proteinuria) Chronic kidney disease worsening over months GFR < 30 Patients with diabetic nephropathy (diabetes and significant proteinuria (>1g/day) and GFR>30mls/min Proteinuria > 1 g/L 	<ul style="list-style-type: none"> Fax referral to Nephrology Central Access & Triage: 403-955-6776 	< 3 months

Elective < 6 months	<ul style="list-style-type: none"> • Patients with chronic kidney disease without risk factors for progression (i.e. <1g/day proteinuria) • Patients with chronic kidney with slow deterioration over years • Diabetes with normal kidney function and microalbuminuria • Nephrolithiasis prophylaxis • Electrolyte disorders • Secondary hyperparathyroidism • Anemia d/t erythropoietin deficiency • Metabolic abnormalities • Acidosis • Hyperphosphatemia 	<ul style="list-style-type: none"> • Fax referral to Nephrology Central Access & Triage: 403-955-6776 	Within 6 months
Specific co-morbidity information to identify if relevant: <ul style="list-style-type: none"> • Coronary artery disease • Congestive heart failure • Cerebrovascular disease • Cancer (non-skin) • Diabetes • Peripheral vascular disease • Autoimmune disease (describe) 		Specific symptom information to identify if relevant: <ul style="list-style-type: none"> • Elevated serum creatinine (decreased GFR) • Proteinuria • Hematuria • Urolithiasis 	
Specific tests/investigations required to enable triage: Mandatory: <ul style="list-style-type: none"> • Recent eGFR i.e. Serum Creatinine (including multiple measurements over previous years) • Recent Routine urinalysis 		Other tests that may assist triaging <ul style="list-style-type: none"> • Electrolytes • Ca ++ • Phosphate • CBC • Random glucose • HbA1C (if patient has diabetes) • Fasting lipid profile (within the last year) • Renal ultrasound (only if done) 	

Note: Referrals for acute nephrolithiasis and renal masses suspicious for malignancy should be referred to Urology.

Respiratory Medicine

403-943-4718

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Urgent	<ul style="list-style-type: none"> • Suspicious for lung cancer • Recurrent ER visits for respiratory symptoms • Hemoptysis 	<ul style="list-style-type: none"> • Fax referral to Respiratory Medicine Central Access & Triage: 403-944-1250 	Within 1-2 weeks
Semi Urgent	<ul style="list-style-type: none"> • Asthma /COPD • Interstitial lung disease, not yet diagnosed • Pulmonary hypertension • Progressive neuromuscular disease 	<ul style="list-style-type: none"> • Fax referral to Respiratory Medicine Central Access & Triage: 403-944-1250 	Within 6-8 weeks
Routine	<ul style="list-style-type: none"> • Cough • Pulmonary rehabilitation 	<ul style="list-style-type: none"> • Fax referral to Respiratory Medicine Central Access & Triage: 403-944-1250 	Within 10-12 weeks
Specific co-morbidity information to identify if relevant: <ul style="list-style-type: none"> • Provide all considered relevant by the referring source 		Specific symptom information to identify if relevant: <ul style="list-style-type: none"> • Provide all considered relevant by the referring source. 	
Specific tests/investigations to provide if available: <ul style="list-style-type: none"> • Spirometry /pulmonary function testing reports • Chest imaging reports • Echocardiograms and other cardiac testing (for pulmonary hypertension referrals) 			

Rheumatology

403-944-4426

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Urgent	<ul style="list-style-type: none"> • Suspected septic arthritis • Aggressive connective tissue disease or systemic vasculitis • Temporal Arteritis 	<ul style="list-style-type: none"> • Page rheumatologist on call: 403-944-1110 • Fax referral to: 403-944-4430 	Within 24 hours
Semi Urgent	<ul style="list-style-type: none"> • Early Inflammatory Arthritis • Acute monoarthritis (non-septic) • Polyarthritis with functional impairment • Connective tissue disease which is active, but not life threatening • Polymyalgia Rheumatica 	<ul style="list-style-type: none"> • Fax referral to: 403-944-4430 • If concerned re: patient, or patient's condition changes from initial referral, phone 403-944-4426 to discuss. 	1-8 weeks
Moderate	<ul style="list-style-type: none"> • Joint Effusions • Gout 	<ul style="list-style-type: none"> • Fax referral to: 403-944-4430 	2-4 months
Routine	<ul style="list-style-type: none"> • Painful degenerative arthritis 	<ul style="list-style-type: none"> • Fax referral to: 403-944-4430 	8 months or longer
Specific co-morbidity information required:		Specific symptom information required:	
<ul style="list-style-type: none"> • Provide all considered relevant by the referring source. 		<ul style="list-style-type: none"> • Provide all MSK and autoimmune related symptoms. 	
Specific tests/investigations required to enable triage:			
<ul style="list-style-type: none"> • CBC • ESR • CRP • Rheumatoid Factor • Urea • Electrolytes • Creatinine • Uric acid • Urinalysis • Liver functions • ENA profile to Dr. Fritzler's lab ordered through CLS (if concerned re: systemic rheumatic disease) • Anti CCP – if concerned re Inflammatory Arthritis • X-rays of symptomatic joints if applicable and if available • Anti CCP – if concerned re: inflammatory arthritis or rheumatoid arthritis 			

Senior's Health & Geriatric Medicine

403-955-1525

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> • Acute confusion (delirium) • Disruptive behaviour in the setting of a dementia • New onset immobility 	<ul style="list-style-type: none"> • Go to Emergency 	Same day (emergency)
Urgent	<ul style="list-style-type: none"> • Failure to cope at home (especially if safety concerns)/ caregiver burn-out • New onset of cognitive decline • Fall requiring ER visit and/ or frequent falls 	<ul style="list-style-type: none"> • Fax referral to Senior's Health One-Line Referral: 403-955-1514 • Referral may be forwarded to a more appropriate Alberta Health Services - Calgary Zone service 	1-2 weeks
Routine	<ul style="list-style-type: none"> • Comprehensive Geriatric Assessment • Second opinion/ advice in the management of a dementia • Review of the management of a patient with multiple morbidities • Review of medications 	<ul style="list-style-type: none"> • Fax referral to Senior's Health One-Line Referral: 403-955-1514 	2-6 months
Specific comorbidity information to identify if relevant: <ul style="list-style-type: none"> • Specify all considered relevant by the referring source. 		Specific symptom/patient information considered relevant by the referring source: <ul style="list-style-type: none"> • Current functional state, presence of patient distress, stability, risk to self, risk to others, ability of current support system to meet needs, medical complexity. 	
Specific tests/investigations required to enable triage: <ul style="list-style-type: none"> • Provide all considered relevant by the referring source 			
Additional subspecialty requirements to provide if available: <ul style="list-style-type: none"> • Please specify if appropriate which subspecialty clinic within Senior's Health you consider your patient will likely need to be seen by: <ul style="list-style-type: none"> o Calgary Fall Prevention Clinic o Carewest Day Hospital (North & South), Dealing with Dementia o Senior's Health Clinics (RGH and Bridgeland) 			

Sleep Centre

403-944-2404

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
Urgent	<ul style="list-style-type: none"> • Severe daytime somnolence • Respiratory failure • Pulmonary HTN, cardiomyopathy, uncontrolled HTN 	Fax referral to: 403-270-2718	Within 1-2 months
Semi Urgent	<ul style="list-style-type: none"> • Moderately severe daytime somnolence 	Fax referral to: 403-270-2718	Within 2-4 months
Routine	<ul style="list-style-type: none"> • Normal daytime somnolence 	Fax referral to: 403-270-2718	Approximately 12-18 months
<p>Specific co-morbidity information required:</p> <ul style="list-style-type: none"> • Congestive Heart Failure * • Ischemic Heart Disease * • Cardiac Arrhythmias * • Respiratory Failure (PO₂ < 50, PCO₂ > 50) * • Stroke (specify year/s) • Other Respiratory Disease • Neuromuscular Disease • Other Neurologic Disease <p>* Please see Subspecialty section below for required documents.</p>		<p>Specific symptom information required:</p> <ul style="list-style-type: none"> • Please indicate nature of Severe Daytime Somnolence, including but not limited to: <ul style="list-style-type: none"> o Patient falls asleep and is at risk at work (please specify profession) o Patient falls asleep while driving (please specify how often, and whether any accidents have occurred) o Patient is a professional driver • Please indicate if your patient is going for major surgery within the next 6 months and the reason. 	
<p>Specific tests/investigations required:</p> <ul style="list-style-type: none"> • Congestive Heart Failure, Ischemic Heart Disease and Cardiac Arrhythmias: <ul style="list-style-type: none"> o Reports of recent investigations (Echo, MUGA,Angio, PFT's if available) <p>Respiratory Failure:</p> <ul style="list-style-type: none"> • Reports of recent investigations (PFT's,ABG's, Echo if available) • Current treatment (oxygen, CPAP, BiPAP) 			

Southern Alberta HIV Clinic (SAC)

403-955-6399

Triage Category	Examples	Process	Time to be seen
Routine	<ul style="list-style-type: none"> All referrals to the Southern Alberta HIV Clinic (SAC) are considered routine and treated equally. All patients must have a positive HIV result, as SAC does not perform HIV screening tests. 	Fax referral form to SAC at 403-955-6355 , or call the clinic at 403-955-6399	Within 1-2 weeks
<p>Specific co-morbidity information to identify if relevant:</p> <ul style="list-style-type: none"> Provide all considered relevant by the referring source Active infections (e.g., active TB) 			
<p>Specific symptom information to identify if relevant:</p> <ul style="list-style-type: none"> Provide all considered relevant by the referring source 			
<p>Specific tests/investigations to provide if available:</p> <ul style="list-style-type: none"> Positive HIV result Recent hospital admission records (within past year), including location and approximate dates 			
<p>Additional subspecialty requirements to provide if available:</p> <ul style="list-style-type: none"> Language needs Barriers to care (e.g., transportation issues) 			

Vascular Risk Reduction Program

403-955-8032

Triage Category	Criteria	Process	Time to be seen
Urgent	Known atherosclerotic disease: MI/CABG or CVA/TIA within the past 3 months and/ or Hgb A1c > 9.0	Fax referral to 403-955-8634	4 – 6 weeks
Semi Urgent	Known atherosclerotic disease: event greater than 3 months, or PAD or carotid disease.	Fax referral to 403-955-8634	8 – 10 weeks

Specific tests/investigations required to enable triage:

History and Physical – most recent
 Current Medications with dosage
 Discharge summary (inpatients)
 Hgb A1C for those with diabetes
 Fasting glucose
 Lipid Profile
 Electrolytes
 Creatinine
 TSH
 ALT and CK

Specific comorbidity information to identify if relevant:

- Diabetes
- Thyroid Disease
- CAD
- PAD
- CVA/TIA
- Renal Disease
- Smoker

Note:

The following conditions are not monitored or managed in this program:

- CHF
- Pulmonary HTN
- If a patient is on coumadin - INR's are not monitored in this program..

Palliative/End of Life Care

403-944-2304

Service	Description	Patient Category	Process
Acute Care	<p>The Palliative Care consult teams provide support to patients, families, home care clinicians and family practitioners with concerns regarding the management of adult patients with complex palliative symptoms and/or issues related to his/her life-limiting disease, such as; palliative pain & symptom management, psycho-social and spiritual concerns, education regarding disease progression and the end of life, prognosis and goals of care, accessing community resources, and transitioning to hospice. The team is comprised of palliative physicians, clinical nurse specialists and a clinical specialist in end-stage pulmonary disease.</p> <p>*Generally the patient's prognosis is anticipated to be within 1 year and the goal of care is comfort and symptom management.</p>	Inpatient (Urban acute care site)	<p>In Sunrise Clinical Manager, enter "Palliative Care Referral".</p> <p>For any questions related to Palliative Care or Palliative Care referrals phone: FMC: 403-944-2304 PLC: 403-943-4950 RGH: 403-943-8774</p>
		Inpatient (Rural acute care site)	Please see Rural Palliative Consult Team.
		Outpatient	Currently we do not provide outpatient services at acute care sites. Please refer to our Urban/Rural Teams.
Intensive Palliative Care Unit (IPCU)	<p>The Intensive Palliative Care Unit (IPCU) is a specialized unit for patients and their families who are experiencing severe and complex symptoms related to palliative care issues that cannot be managed in the community or on a general hospital unit. The IPCU at the Foothills Medical Centre in Calgary serves patients from all of Southern Alberta.</p> <p>A goal of the IPCU is to discharge patients to the most appropriate care setting when issues have been resolved.</p>		Referrals must be initiated by a physician on the Palliative Care Consult Team.
Residential Hospice	Residential hospices are available to palliative patients living in Calgary in their last days to weeks of life, whose care needs can no longer be met in their current care settings. Patients admitted to Hospice have a life-threatening illness where cure is no longer possible and whose goals of care are focused on quality of life and comfort care.		<p>Hospice referrals must be made by a Palliative Consultant or Palliative Home Care Coordinator and can be made by contacting Hospice Central Access.</p> <p>Hospice Central Access: 403-944-1614</p>

Rural Palliative Consult Team

403-995-2714

Triage Category	Includes	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> • Patient is actively dying requiring emergent pain/symptom management intervention • Family/Patient support 	<ul style="list-style-type: none"> • Phone office then fax the completed referral form Phone: 403-995-2714 Fax: 403-995-2619 	Same day (if an in-person visit isn't possible then a phone consult will be provided)
Urgent	<ul style="list-style-type: none"> • Death is imminent and there is a great need of pain/symptom management • Family/Patient support 	<ul style="list-style-type: none"> • Phone office then fax the completed referral form Phone: 403-995-2714 Fax: 403-995-2619 	Within 24 hours (if an in-person visit isn't possible then a phone consult will be provided)
Semi-Urgent	<ul style="list-style-type: none"> • Pain/symptom management • Family/Patient support • Cognitive/Functional deterioration 	<ul style="list-style-type: none"> • Fax the completed referral form Fax: 403-995-2619 	Within 48 hours
Routine	<ul style="list-style-type: none"> • Family/Patient support • End of Life Decision Making 	<ul style="list-style-type: none"> • Fax the completed referral form Fax: 403-995-2619 	Within 1 week

The Rural Palliative Home Care Consult Team provides services to Home Care patients or to patients that have been admitted to a rural acute care facility. All requests (Rural North and Rural South) for Rural Palliative Consult Team should be faxed to the Rural office. The referral will be sent to the appropriate consult team member. You may be contacted to discuss the patient further with an option of a join visit. If you have not been contacted within 48 hours, please call the office to inquire regarding the consult.

If the consult is urgent, please call the office (an urgent referral is appropriate if the patient is at risk of presenting to the Emergency Department within 24 hours with palliative symptom issues). Please note we are not an emergency service. Our goal is to provide care in an appropriate setting depending on the patient's condition.

What to expect from a Palliative Consultation:

The completed Consultation Note with recommendations will be faxed to the patient's Community Care Coordinator to be placed in the working file. The consultation note will also be sent to appropriate health care professionals involved with the patient (e.g. ALS clinic, TBCC, family physician, etc). Please note that Palliative Care Consultants will not assume responsibility of care for any patients. The consultants work with the patient's current medical providers in a specialized and consultative role to better support the patient/family.

Additional information to be included with your referral:

- Paris ID# (if available)
- Indicate whether the family physician and patient is aware of the referral
- Indicate the Home Care Coordinator
- Include names, relationships and contact information for all primary support people
- Marital status
- Indicate who the person lives with:
lives alone spouse family member other: _____
- Indicate the type of residence: and provide directions to it:
DAL/PAL Group Home Personal Care Home
Private Home Lodge Hospice
- Pharmacy name & contact information
- Any financial benefits/barriers (Blue Cross, AISH, DVA, other: _)

- Indicate whether primary diagnosis is cancer or non-cancer
- Reason for consult should be one of the following:
 - Complex pain and symptoms
 - Transition to alternate settings of care (i.e. hospital, hospice, home)
 - Psychosocial or spiritual distress for person or family
 - Education needs of the person or family
 - Difficult end of life decision making
 - Coordination of resources
 - Deteriorating physical or cognitive function
- Brief medical history and summary of care needs (dressings, tubes/drains, stomas, oxygen, etc...)
- Indicate if there is a goals of care designation order or personal directive
- Language spoken and if an interpreter is required
- Describe any other psychosocial or cultural/religious considerations

- Indicate which community the patient is in:

Airdrie, Banff, Black Diamond, Canmore, Carmangay, Chestermere, Claresholm, Cochrane, Didsbury, High River, Nanton, Okotoks, Strathmore, Vulcan, Other _____

Urban Palliative Consult Team

403-944-2304

Triage Category	Includes	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> • Patient is actively dying requiring emergent pain/symptom management intervention • Family/Patient support 	<ul style="list-style-type: none"> • Phone office then fax the completed referral form Phone: 403-944-2304 Fax: 403-270-9652 	Same day (if an in-person visit isn't possible then a phone consult will be provided)
Urgent	<ul style="list-style-type: none"> • Death is imminent and there is a great need of pain/symptom management • Family/Patient support 	<ul style="list-style-type: none"> • Phone office then fax the completed referral form Phone: 403-944-2304 Fax: 403-270-9652 	Within 24 hours (if an in-person visit isn't possible then a phone consult will be provided)
Semi-Urgent	<ul style="list-style-type: none"> • Pain/symptom management • Family/Patient support • Cognitive/Functional deterioration 	<ul style="list-style-type: none"> • Fax the completed referral form Fax: 403-270-9652 	Within 48 hours
Routine	<ul style="list-style-type: none"> • Family/Patient support • End of Life Decision Making 	<ul style="list-style-type: none"> • Fax the completed referral form Fax: 403-270-9652 	Within 1 week

The Palliative Home Care Consult Team works with patients that are currently on Home Care (exceptions are made by the team). All requests for Palliative Home Care Consult should be faxed to the Urban Palliative Care Office to be triaged. The referral will be sent to the appropriate consult team member. You may be contacted to discuss the patient further with an option of a joint visit. If you have not been contacted within 48 hours, please call the office to inquire regarding the consult.

If the consult is urgent, please call the office (an urgent referral is appropriate if the patient is at risk of presenting to the Emergency Department within 24 hours with palliative symptom issues). Please note we are not an emergency service. Our goal is to provide care in an appropriate setting depending on the patient's condition.

What to expect from a Palliative Consultation:

The completed Consultation Note with recommendations will be faxed to the patient's Community Care Coordinator to be placed in the working file. The consultation note will also be sent to appropriate health care professionals involved with the patient (e.g. ALS clinic, TBCC, family physician, etc). Please note that Palliative Care Consultants will not assume responsibility of care for any patients. The consultants work with the patient's current medical providers in a specialized and consultative role to better support the patient/family.

Additional information to be included with your referral:

- Paris ID# (if available)
- Indicate whether the patient is aware of the referral
- Indicate whether the family physician is aware of the referral
- Indicate the Home Care Coordinator
- Indicate the type of residence:
DAL/PAL Group Home Personal Care Home
Private Home Lodge Hospice
- Indicate who the person lives with:
lives alone spouse family member others: _____

- indicate whether primary diagnosis is cancer or non-cancer
- Reason for consult should be one of the following:
 - new diagnosis
 - pain management
 - deteriorating physical or cognitive function
 - symptom management
 - psychosocial distress for person or family
 - spiritual distress for person or family
 - coordination of care
 - education needs of the person or family
 - end of life decision making

Hepatopancreaticobiliary (HPB)

Dr. Bathe 403-521-3179
Dr. Dixon 403-944-3045
Dr. Sutherland 403-944-1233

Triage Category	Includes	Process	Approximate time to be seen
Emergent	<ul style="list-style-type: none"> Complete obstruction Ascending cholangitis or bleeding from tumor of pancreas, liver, or biliary system 	<ul style="list-style-type: none"> Page Hepatopancreaticobiliary (HPB) surgeon on call 403-944-1110 	Same day (emergency)
Urgent	<ul style="list-style-type: none"> Severe acute pancreatitis with necrosis (AP) Newly diagnosed lesion, tumor or masses (suspicious for cancer) of the liver, pancreas, bile ducts or gallbladder Complicated pancreatitis Complicated gallstone disease Any cystic lesions of the liver, pancreas, duodenum, bile ducts Any biliary strictures Obstructive jaundice Liver metastases of any origin that require assessment for ablative treatments or resection Traumatic or iatrogenic injuries to the bile duct, liver, or pancreas 	<ul style="list-style-type: none"> Fax Hepatopancreaticobiliary (HPB) referral to triage line: 403-476-8798 	Within 2 weeks
Routine	<ul style="list-style-type: none"> Chronic pancreatitis and benign diseases of liver, pancreas, and biliary system 	<ul style="list-style-type: none"> Fax referral to Hepatopancreaticobiliary (HPB) triage line: 403-476-8798 	Within 6 weeks

****NOTE: Non-neoplastic conditions of the gallbladder (biliary colic, acute cholecystitis) should NOT be sent to the Hepatopancreaticobiliary (HPB) triage line.**

Specific co-morbidity information to identify if relevant:

- Provide all considered relevant by the referring source.

Specific symptom information to identify if relevant:

- Provide all considered relevant by the referring source.

Providing the following relevant information (if available) will expedite care of your patient:

- Bloodwork (CBC, electrolytes, creatinine, PT, PTT, ALT, Alk Phos, T-Bili, GGT, Lipase)
- Copy of all biopsy results
- Tumor Markers where appropriate- CEA, CA19-9, alpha fetoprotein
- Hepatitis serology where appropriate (hepatoma patients)
- Copy of all endoscopy and other interventional reports
- Copy of all imaging results and for patients not imaged on Calgary PACS system (FMC, PLC, RGH, Sheldon Chumir, South Calgary, High River, Canmore) a copy of MRI and/or CT scan on CD

Calgary Breast Health Clinic

403-944-2240

Triage Category	Examples	Process	Approximate time to be seen
Urgent	<ul style="list-style-type: none"> Confirmed or suspected breast cancer Abnormal diagnostic imaging suggestive of malignancy* Suspicious clinical exam Inflammatory changes to the breast Breast abscess requiring I&D 	<ul style="list-style-type: none"> Fax referral to: 403-944-2250 Call: 403-944-2240 for guidance if required 	Within 2 weeks
Semi Urgent	<ul style="list-style-type: none"> Solid persistent mass with benign features on diagnostic imaging Abnormal imaging requiring further investigations, likely benign Complex cysts Nipple discharge: spontaneously bloody, clear unilateral Atypical pathology on core biopsy requiring surgical consult 	<ul style="list-style-type: none"> Fax referral to: 403-944-2250 	Within 3 weeks
Routine	<ul style="list-style-type: none"> Mastalgia Fibrocystic breasts Bilateral nipple discharge Family History Prophylactic mastectomy Worried patient with negative workup seeking second opinion from surgeon and teaching from nurse 	<ul style="list-style-type: none"> Fax referral to: 403-944-2250 	Within 4 weeks

Specific tests/investigations required to enable triage:

All mammogram, ultrasound or relevant pathology reports should be faxed with the referral.

Patient to bring imaging films to initial appointment.

*Suspicious clinical exams and/or suggestive diagnostic findings should be referred urgently. Diagnostic mammograms will be expedited through the clinic.

High Risk Breast Cancer Clinic

403-944-2444

Triage Category	Examples	Process	Approximate time to be seen
Routine	All referrals are considered routine, but wait time is dependant upon the services required and completion of the telephone interview/history with the RN	Fax all referrals to 403-944-8614 And include the items below	2-4 weeks
Offered next available Appointment with HRBCC team (MD, RN & Psychologist)	Pre-cancerous conditions e.g. Lobular Carcinoma in Situ (LCIS) or Atypical Hyperplasia (ADH,ALH)	Include pathology report	
	Mantle radiation < age 30	Include oncology report, or provide the name of the treating cancer centre	
	Medical genetics testing in the family has: <ul style="list-style-type: none"> Confirmed a mutation Been non-informative Been offered but appropriate person to test is not alive or available i.e. family history has been assessed and confirmed by a geneticist	Include genetics letter or copy of genetic test	
	5 year breast cancer risk of 1.7% or greater (modified Gail) wishing to discuss tamoxifen/ raloxifene	(We use www.cancer.gov/bcrisktool)	
Internal triage and possible referral directly to clinical genetics	Client reports multiple cases of cancer (including breast or ovarian) in her family	Provide details on fax: e.g. Paternal Aunt Dx breast @35, Died @40 Send relative's pathology reports if at all possible	3-6 weeks
Referral to team Psychologist Only	Client is aware of her own or a family member's high-risk status and is having difficulty with decision making, communicating with family, or experiencing anxiety or depression related to risk	Please indicate "Psychosocial referral only" on the referral form	10-14 days

We are reluctant to see clients in active treatment for cancer, as their risk for metastases from their current disease is often much higher than a new primary. However if a client has a specific question that cannot be answered by their cancer-care team please call the clinic nurse for assistance.

Specific tests/investigations required to enable triage: As above

Pelvic Floor Clinic

403-944-4000

Triage Category	Examples	Process	Approximate time to be seen
Urgent	<ul style="list-style-type: none"> • Complete prolapse of vagina, causing obstruction of urethra and inability to void • Sudden bleeding or infection of vaginal tissues as a result of a “forgotten” or impacted pessary • Postpartum patients with fourth degree anal sphincter tears 	If complete retention, require indwelling catheter and care initially. Phone 403-944-4000	2-3 weeks
Routine	<ul style="list-style-type: none"> • Urinary incontinence of all types (stress, urge, overflow) • Bowel evacuation dysfunction including anal incontinence or constipation • Pelvic Organ Prolapse (vaginal bulging or heaviness) • Those having had previous surgical interventions by clinic physicians with ongoing or new issues • Referrals for only urodynamic testing (accepted from gynecologists and urologists only) • Referrals for ARPs (from GI specialists and colorectal surgeons only) • Recurrent UTIs (urine cultures must be attached) 	Fax referral to Pelvic Floor Clinic 403-944-2154	2-3 months

Information required to enable triage: Specific type of disorder (eg. Type of incontinence, prolapse, etc)
 Previous treatment or surgical intervention for these issues.

Oncologic Emergency Guidelines

Cancer patients are at risk for medical emergencies. These acute events may arise either from the tumour itself, to the treatment given to control the tumour or it may be related to a new or previously existing condition not related to cancer. Because such conditions may require emergency treatment, the recognition of these emergencies at the earliest stage is critical as it improves outcomes. These triaging guidelines should therefore be familiar to all TBCC clinical and non-clinical staff that are involved in triaging new TBCC cancer patients, either in person or through the patient referral process. A one page summary of these guidelines is provided in Appendix C for use as a reference tool by triage clinicians.

Superior Vena Cava Syndrome

Presenting features/symptoms	<ul style="list-style-type: none"> • Clinical findings that indicate possible emergency: <ul style="list-style-type: none"> ◦ New/progressive neck/facial/arm swelling, often with associated dilated chest and neck veins, progressive shortness of breath including shortness of breath while lying down or bending forward ◦ Especially concerning if associated with proptosis (bulging eyes), stridor (noise on breathing inward), tongue swelling or drowsiness • Often associated with several other symptoms, related to tumour in chest • May be identified solely on CT chest report as tumour causing compression of superior vena cava, even in the absence of clinical description of poor patient status within the referral documentation
Reason for urgency	<ul style="list-style-type: none"> • Without treatment, average survival in patients with Superior Vena Cava Syndrome due to cancer is about 1 month.
Associated tumour type/s	<ul style="list-style-type: none"> • Lung cancer and lymphoma are the 2 most common malignant causes of Superior Vena Cava Syndrome, but any type of cancer cause it.
Action	<ul style="list-style-type: none"> • If not already done, CT chest with contrast (should be ordered by referring physician).
Management	<ul style="list-style-type: none"> • Triage clinician discuss patient with on-call Radiation Oncologist to confirm emergency • If situation is identified as an emergency, Radiation Oncologist decides whether to: <ul style="list-style-type: none"> ◦ advise the patient to go to the Emergency Department ◦ organize emergency/urgent consult in TBCC ◦ organize further test(s) ◦ talk to the referring / family physician • The decision should be documented on the referral form and the documentation transferred to TBCC physician.

Spinal Cord Compression (SCC)

Presenting features/symptoms	<ul style="list-style-type: none"> • Pain: Back pain is usually the first symptom of SCC; it is often constant, dull, aching and sometimes radiating. The pain may progress slowly or quickly (crescendo pain, each day worse than the previous). It is exacerbated by movement, especially when flexing the neck or raising the legs, coughing, sneezing, or straining. Leg pain may occur and be unilateral or bilateral radiating from the back. • Motor Weakness: This usually follows pain. Patients may experience stiffness and heaviness of the affected extremity, they may present with an unsteady gait or ataxia and foot drop. • Sensory Impairment: This usually follows pain; symptoms include loss of sensation, numbness, tingling, pins and needles type feeling and coldness in the affected area. • Autonomic dysfunction: Loss of bladder control results in urinary retention, frequent small voids, overflow or incontinence. Loss of bowel control such as the urge to defecate, may lead to constipation or incontinence. Loss of sphincter control is often a later sign that is associated with a poor prognosis. Sexual impotence may also manifest.
Reason for urgency	<ul style="list-style-type: none"> • Without identification and a delay in the appropriate treatment, complete and irreversible paraplegia may develop within hours to days.
Associated tumour type/s	<ul style="list-style-type: none"> • Includes any cancer. Most common are lung, breast and prostate.
Action	<ul style="list-style-type: none"> • MRI of the affected area provides the best definition of spinal lesions and is the procedure of choice. • The goal of treatment is for pain relief, restoration of any neurological deficits, stabilization of the spinal cord and tumour control. Treatment depends on the type of tumour, its location, the speed of onset, the level and severity of the compression and the patient's functional level before the onset of symptoms. Treatment in the early stages of SCC is usually effective and includes the following: <ul style="list-style-type: none"> ◦ Radiation therapy is the standard treatment; it resolves pain by decreasing the tumour mass which relieves the SCC. Patients may experience relief of their symptoms within days of starting the therapy and pain is sometimes relieved within hours of commencement. ◦ Corticosteroid therapy (dexamethasone) is given to decrease the edema and cord compression caused by the tumour thus assisting in relieving the patient's pain. It may also assist in improving neurological function. ◦ Decompressive surgery (laminectomy) with or without stabilization may be considered for patients with rapidly progressing neurological deficits, the inability or failure to respond to radiotherapy or a pathological fracture that is causing instability or compression to the spinal cord. ◦ Chemotherapy is occasionally used in patients with chemo sensitive tumours such as Hodgkin's disease or lymphoma.
Management	<ul style="list-style-type: none"> • Triage clinician discuss patient with on-call Radiation Oncologist to confirm emergency • If situation is identified as an emergency, Radiation Oncologist decides whether to: <ul style="list-style-type: none"> ◦ Advise the patient to go to the Emergency Department ◦ Organize emergency/urgent consult in TBCC ◦ Organize further test(s) ◦ Talk to the referring /family physician • The decision should be documented on the referral form or patient chart and the documentation transferred to TBCC physician.

Electrolyte abnormalities

Presenting features/symptoms	<ul style="list-style-type: none"> • Most commonly, electrolyte abnormalities are identified by lab tests • Patients may have an altered level of consciousness • Nausea /vomiting • Profound weakness
Reason for urgency	<ul style="list-style-type: none"> • Left untreated condition will result in severe dehydration, renal failure, neurological symptoms including coma leading to death, heart rhythm problems and other life threatening problems.
Associated tumour type/s	<ul style="list-style-type: none"> • Lung (by far the most common) • Prostate • Kidney • ANY OTHER CANCER
Investigation	<ul style="list-style-type: none"> • Serum electrolytes, including calcium, magnesium and phosphorus, and serum creatinine, BUN
Management	<ul style="list-style-type: none"> • Triage clinician discuss patient with on call Medical Oncologist to confirm emergency • If situation is an emergency Medical oncologist decide whether to: <ul style="list-style-type: none"> ◦ Advise the patient to go to emergency ◦ Organize an urgent consult ◦ Organize further tests ◦ Talk to the family physician • The decision should be documented on the referral form and the documentation transferred/filed appropriately

Hypercalcemia

Presenting features/symptoms	<ul style="list-style-type: none"> • Altered level of consciousness • Nausea/vomiting • Bone pain
Reason for urgency	<ul style="list-style-type: none"> • Condition results from disrupted calcium homeostasis • Left untreated condition will result in severe dehydration, renal failure, neurological symptoms including coma leading to death, etc.
Associated tumour type/s	<p>Arises in ANY CANCER including but not limited to:</p> <ul style="list-style-type: none"> • Breast • Lung • Kidney • Myeloma • Lymphoma • May result from bone metastases or paraneoplastic syndromes
Investigation	<ul style="list-style-type: none"> • Measure serum calcium and serum albumin
Management	<ul style="list-style-type: none"> • Triage clinician discuss patient with on call Medical Oncologist to confirm emergency • If situation is an emergency Medical oncologist decide whether to: <ul style="list-style-type: none"> ◦ Advise the patient to go to emergency ◦ Organize an urgent consult ◦ Organize further tests ◦ Talk to the family physician • The decision should be documented on the referral form and the documentation transferred/filed appropriately

Malignant Bowel Obstruction

Presenting features/ symptoms	<ul style="list-style-type: none"> • Increased Abdominal Pain, often crampy and intermittent • Lack of bowel movement >24h • Lack of ostomy movement >8h • Nausea with vomiting, often bilious • Lack of feeling of bowel sounds or rumbling • May be associated with fever, tachycardia or peritoneal signs 	
Reason for urgency	<ul style="list-style-type: none"> • Risk for perforation • Dehydration • Acute Renal Failure • Septic Shock • Ischemic gut • Peritonitis 	
Associated tumour type/s	<ul style="list-style-type: none"> • Gastrointestinal <ul style="list-style-type: none"> ◦ Gastric ◦ Pancreatic ◦ Cholangiocarcinoma ◦ Small Bowel ◦ Large Bowel ◦ Gastrointestinal Stromal Tumours 	<ul style="list-style-type: none"> • Ovarian • Breast • Lymphoma • Neutropenic conditions • Previous Abdominal Surgery • Hernia
Investigation	<ul style="list-style-type: none"> • 3 views Abdomen showing air fluid levels • CT Abdomen and /or abdominal ultrasound 	
Management	<ul style="list-style-type: none"> • Triage Clinician to discuss with attending oncologist to confirm medical emergency • If situation is emergent, oncologist to determine whether to: <ul style="list-style-type: none"> ◦ Advise patient to go to emergency ◦ Consult on call surgeon directly • The decision should be documented on the referral form and the documentation transferred/filed appropriately 	

Raised Intracranial Pressure

Presenting features / symptoms	<ul style="list-style-type: none"> • Clinical findings that indicate possible emergency: <ul style="list-style-type: none"> ◦ New/progressive drowsiness or headache • Often associated with several other symptoms, related to raised intracranial pressure, including nausea and vomiting, spells of impaired vision or hearing, or progressive weakness or numbness
Reason for urgency	<ul style="list-style-type: none"> • Without treatment, patients with raised intracranial; pressure are at risk of sudden death or permanent neurological impairment from herniation or ischemia
Associated tumour type/s	<ul style="list-style-type: none"> • Primary malignant brain tumors such as GBM, and multiple brain metastases such as breast, lung or melanoma, are most common causes
Action	<ul style="list-style-type: none"> • If not already done, CT scan of the head with or without contrast, and urgent assessment by a physician
Management	<ul style="list-style-type: none"> • Triage clinician discuss patient with on-call Radiation Oncologist or Medical Oncologist to confirm emergency • If situation is identified as an emergency, Oncologist decides whether to: <ul style="list-style-type: none"> ◦ Advise the patient to go to the Emergency Department ◦ Organize emergency /urgent consult in TBCC ◦ Organize further test(s) ◦ Talk to the referring /family physician • The decision should be documented on the referral form and the documentation transferred to TBCC physician

Life-threatening Respiratory Difficulty

Presenting features/symptoms	<ul style="list-style-type: none"> • Shortness of breath at rest or with minimal movement • Chest pain
Reason for urgency	<ul style="list-style-type: none"> • Patients can experience respiratory arrest and death
Associated tumour type/s	<ul style="list-style-type: none"> • Arises in ANY INVASIVE CANCER or any cancer associated with a blood clot
Investigation	<ul style="list-style-type: none"> • Differential diagnosis includes but not limited to pleural effusion, pulmonary embolus (PE), and cardiac tamponade. Obtain urgent CT chest with PE protocol. Chest x-ray or cardiac ultrasound can also be useful. Consider bloodwork including ABGs
Management	<ul style="list-style-type: none"> • Triage Clinician to discuss with attending oncologist to confirm medical emergency • If situation is emergent, oncologist to determine whether to: <ul style="list-style-type: none"> ◦ Advise patient to go to emergency ◦ Consult on call pulmonologist or internist directly • The decision should be documented on the referral form and the documentation transferred/filed appropriately

Potential Upper Airway Obstruction

Presenting features/symptoms	<ul style="list-style-type: none"> • Stridor (noise while breathing in or out); shortness of breath; a feeling of tightness in the throat or airway; even if asymptomatic, the presence of tumor that is known to be invading the upper airway or other vital neck structures (carotid artery etc)
Reason for urgency	<ul style="list-style-type: none"> • Partial occlusion of the upper airway is associated with the occurrence of sudden death
Associated tumour type/s	<ul style="list-style-type: none"> • Any malignancy invading upper airway structures, particularly: anaplastic thyroid; head and neck; lung cancer; others
Investigation	<ul style="list-style-type: none"> • Definitive imaging of the neck structures with either MRI or CT scan • Direct visualization with endoscopy or laryngoscopy.
Management	<ul style="list-style-type: none"> • Triage Clinician to discuss with attending oncologist to confirm medical emergency • If situation is emergent, oncologist to determine whether to: <ul style="list-style-type: none"> ◦ Advise patient to go to emergency ◦ Consult on call ENT surgeon or Respiriologist directly • The decision should be documented on the referral form and the documentation transferred/filed appropriately

Febrile Neutropenia

Presenting features/symptoms	<ul style="list-style-type: none"> • Fever defined as a single oral temperature $\geq 38.3^{\circ}\text{C}$, or an oral temperature of $\geq 38.0^{\circ}\text{C}$ or higher for more than one hour • An absolute neutrophil count less than 0.5×10^9 per L is defined as severe neutropenia • Symptoms and signs of inflammation may be absent in the severely neutropenic patient although cough, general malaise, lightheadedness/hypotension, UTI symptoms all may indicate a source of infection and may be present
Reason for urgency	<ul style="list-style-type: none"> • Without urgent treatment febrile neutropenia can rapidly deteriorate to septicemia and death
Associated tumour type/s	<ul style="list-style-type: none"> • Any type of cancer patient undergoing systemic chemotherapy
Action	<ul style="list-style-type: none"> • Site specific history and physical examination • Laboratory assessment (CBC33, BUN, electrolytes, creatinine and LFT's) • Consider CXR, urinalysis, blood cultures
Management	<ul style="list-style-type: none"> • Notification of treating oncologist and/or urgent referral to Emergency Department

References:

Hughes WT, Armstrong D, Bodey GP, Bow EJ, Brown AE, Calandra T, et al. 2002 Guidelines for the use of antimicrobial agents in neutropenic patients with cancer. Clin Infect Dis 2002;34:730-51

National Comprehensive Cancer Network 2008 Clinical Practice Guidelines in Oncology; Prevention and treatment of Cancer Related Infections. Available: www.nccn.org

Addressograph or Label

Patient Name: _____ Gender: _____
AB Cancer Board Number: _____
Personal Health Number: _____
Date of Birth (y/m/d): _____
Address: _____

*** Referring Physician to complete section above
and give form to your patient for completion**

**Alberta Blood and Marrow Transplant Program – Adult
Family Human Leukocyte Antigen (HLA) Typing Referral Form**

Siblings

Please complete the following information about all of your biological siblings currently alive. If you have any questions or require additional copies of this form, please call the Tom Baker Cancer Centre – Blood and Marrow Transplant Clinic at (403) 521-3528 and ask for the Intake Registered Nurse.

<p>Sibling First Name: _____ Last Name: _____ Gender: _____ Age: _____ Street Address: _____ City / Prov / Country: _____ Postal Code: _____ Telephone (H) _____ (W) _____ (C) _____ Email address: _____ Languages Spoken (indicate primary language): _____ <input type="checkbox"/> Interpreter Required Is this person aware that he/she will be contacted by our office? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ _____</p>	<p>Sibling First Name: _____ Last Name: _____ Gender: _____ Age: _____ Street Address: _____ City / Prov / Country: _____ Postal Code: _____ Telephone (H) _____ (W) _____ (C) _____ Email address: _____ Languages Spoken (indicate primary language): _____ <input type="checkbox"/> Interpreter Required Is this person aware that he/she will be contacted by our office? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ _____</p>
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Please return completed form (with additional pages if required) either in the pre-addressed envelope provided within this information package or via the fax number provided below.

Please mail form to: Intake Team
Tom Baker Cancer Centre
Blood and Marrow Transplant Clinic
1331 – 29th Street NW
Calgary, AB T2N 4N2

or fax to: Attention: Intake Team
(403) 270-0782

Addressograph or Label

Patient Name: _____ Gender: _____
AB Cancer Board Number: _____
Personal Health Number: _____
Date of Birth (y/m/d): _____
Address: _____

*** Referring Physician to complete section above
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**Alberta Blood and Marrow Transplant Program – Adult
Family Human Leukocyte Antigen (HLA) Typing Referral Form**

Spouse

Please complete the following information about your spouse. If you have any questions or require additional copies of this form, please call the Tom Baker Cancer Centre – Blood and Marrow Transplant Clinic at (403) 521-3528 and ask for the Intake Registered Nurse.

Spouse
First Name: _____
Last Name: _____
Gender: _____ Age: _____
Street Address: _____
City / Prov / Country: _____
Postal Code: _____
Telephone (H) _____
(W) _____
(C) _____
Email address: _____
Languages Spoken (indicate primary language):

 Interpreter Required
Is this person aware that he/she will be contacted by
our office? Yes No
Comments: _____

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Addressograph or Label

Patient Name: _____ Gender: _____
 AB Cancer Board Number: _____
 Personal Health Number: _____
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 Address: _____

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**Alberta Blood and Marrow Transplant Program – Adult
Family Human Leukocyte Antigen (HLA) Typing Referral Form**

Children

Please complete the following information about all of your biological children currently alive. If you have any questions or require additional copies of this form, please call the Tom Baker Cancer Centre – Blood and Marrow Transplant Clinic at (403) 521-3528 and ask for the Intake Registered Nurse.

<p>Child First Name: _____ Last Name: _____ Gender: _____ Age: _____ Street Address: _____ City / Prov / Country: _____ Postal Code: _____ Telephone (H) _____ (W) _____ (C) _____ Email address: _____ Languages Spoken (indicate primary language): _____ <input type="checkbox"/> Interpreter Required Is this person aware that he/she will be contacted by our office? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ _____</p>	<p>Child First Name: _____ Last Name: _____ Gender: _____ Age: _____ Street Address: _____ City / Prov / Country: _____ Postal Code: _____ Telephone (H) _____ (W) _____ (C) _____ Email address: _____ Languages Spoken (indicate primary language): _____ <input type="checkbox"/> Interpreter Required Is this person aware that he/she will be contacted by our office? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ _____</p>
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 Calgary, AB T2N 4N2

or fax to: Attention: Intake Team
 (403) 270-0782

Addressograph or Label

Patient Name: _____ Gender: _____
 AB Cancer Board Number: _____
 Personal Health Number: _____
 Date of Birth (y/m/d): _____
 Address: _____

*** Referring Physician to complete section above
and give form to your patient for completion**

**Alberta Blood and Marrow Transplant Program – Adult
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Parents

Please complete the following information about your biological parents currently alive. If you have any questions or require additional copies of this form, please call the Tom Baker Cancer Centre – Blood and Marrow Transplant Clinic at (403) 521-3528 and ask for the Intake Registered Nurse.

Mother	Father
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Age: _____	Age: _____
Street Address: _____	Street Address: _____
City / Prov / Country: _____	City / Prov / Country: _____
Postal Code: _____	Postal Code: _____
Telephone (H) _____	Telephone (H) _____
(W) _____	(W) _____
(C) _____	(C) _____
Email address: _____	Email address: _____
Languages Spoken (indicate primary language): _____	Languages Spoken (indicate primary language): _____
<input type="checkbox"/> Interpreter Required	<input type="checkbox"/> Interpreter Required
Is this person aware that he/she will be contacted by our office? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this person aware that he/she will be contacted by our office? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____ _____	Comments: _____ _____

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