



INTERNAL MEDICINE RAPID ACCESS (IMRAC) CLINIC REFERRAL SERVICE

Tel: 519-751-5544 ext. 2501

Fax: 519-751-5839

PATIENT DEMOGRAPHICS: Name, Health Card, Address, etc.

Telephone Number: _____

☐ Please fax this completed referral form and a list of the patient's current medications to (519) 751-5839

Please check reason for referral:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> chest pain NYD | <input type="checkbox"/> recent acute coronary syndrome | <input type="checkbox"/> congestive heart failure | <input type="checkbox"/> atrial fibrillation |
| <input type="checkbox"/> hypertension | <input type="checkbox"/> chronic obstructive pulmonary disease | <input type="checkbox"/> postural hypotension | <input type="checkbox"/> syncope |
| <input type="checkbox"/> recent pneumonia | <input type="checkbox"/> diabetes | <input type="checkbox"/> electrolyte issues | |
| <input type="checkbox"/> other _____ | | | |

Please do NOT refer patients with gastrointestinal bleeds, inflammatory bowel disease, nausea NYD, patients in need of malignancy work up, dermatological issues, rheumatological issues, chronic neurological issues, chronic fatigue or headaches (except giant cell arteritis).

Estimated Urgency of Consult Request: ☐ 2-3 Days ☐ 4-7 Days ☐ 5-7 Days ☐ 7+ days

HISTORY AND CLINICAL INFORMATION MUST BE COMPLETED			
Referring Physician	*Important Please Print	Name:	Signature
		Phone Number:	
		Location: <input type="checkbox"/> ED <input type="checkbox"/> C2 <input type="checkbox"/> C5 <input type="checkbox"/> B6 <input type="checkbox"/> B7 <input type="checkbox"/> B8 <input type="checkbox"/> Primary Care	

****PLEASE FILL OUT SECTION BELOW, TEAR OFF AND GIVE TO PATIENT****



INTERNAL MEDICINE RAPID ACCESS CLINIC

Brantford General Hospital
200 Terrace Hill Street - Brantford
519-751-5544 ext. 2501/2500

You have been referred to the Internal Medicine Rapid Access Clinic

- The Internal Medicine Rapid Access Clinic will contact you with an appointment time
- Internal Medicine Rapid Access Clinic is located on D-wing, Level Main
- Health card must be provided at time of appointment
- Please bring your current list of medications

If you are unable to attend this appointment contact (519) 751-5544 ext.2501 to reschedule