

Calgary Zone

# Central Access & Triage

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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](http://www.departmentofmedicine.com/MAS)**



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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](http://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: \_\_\_\_\_

<b>Date:</b> _____	<b>Refer to:</b> _____	<b>Fax:</b> _____
<b>Referring physician/source:</b> _____	<b>Referring Prac ID:</b> _____	
<b>Address:</b> _____	<b>Phone:</b> _____	
	<b>Fax:</b> _____	
<b>Family physician:</b> _____	<b>Family Prac ID:</b> _____	
<b>Specialist seen previously &amp; when:</b> _____	<b>Prior hospital admissions:</b> (past 2 years) - <b>Site(s)</b> _____ Currently hospitalized where _____	
<b>Reason for referral:</b>  _____		
<b>Diagnosis:</b> _____	<b>Date of diagnosis:</b> (if known) _____	
<b>Past medical history:</b> _____	<b>Current medications:</b> (provide doses and frequency for all listed) (Attach separate sheet if more space is required) _____	
	<b>Medication allergies:</b> _____	
<b>Urgency of referral:</b> <input type="checkbox"/> Urgent <input type="checkbox"/> Semi urgent <input type="checkbox"/> Routine (see specific specialty guidelines for definition)	<b>Requested Action:</b> (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	<b>Type of referral:</b> (if applicable) <input type="checkbox"/> New referral <input type="checkbox"/> Re-referral <input type="checkbox"/> 2 <sup>nd</sup> opinion
<b>Requirements for Triage:</b> (include all relevant documentation available) • Bloodwork • Diagnostic imaging • All consultant letters • All discharge summaries • Microbiology • Pathology  <b>For referral requirements of specific specialties, see relevant specialty guidelines.</b>	<b>Booking information:</b> 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: _____ <b>Factors that may affect consultation/care:</b> <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
<b>Alberta Blood and Marrow Transplant Program - Adult</b>	<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"> <li>• Family Human Leukocyte Antigen (HLA) typing</li> <li>• Allogeneic transplant</li> <li>• Autologous transplant</li> <li>• BM/PBSC Collection</li> <li>• Second opinion</li> </ul> <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"> <li>• Siblings</li> <li>• Children</li> <li>• Spouse</li> <li>• Parents</li> </ul>	<p>Tom Baker Cancer Centre Blood and Marrow Transplant Clinic-Workup offices (Patients residing in Southern Alberta)</p>	<b>403-521-3528</b>	<b>403-270-0782</b>
		<p>Cross Cancer Institute Transplant Office (Patients residing in Northern Alberta)</p>	<b>780-432-8677</b>	<b>780-989-4343</b>
<b>TBCC Colposcopy</b>	<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><b>403-698-8031</b> <b>403-698-8025</b></p>	<b>403-228-1076</b>
<b>TBCC Tumour Groups</b>	<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><b>Appointments with TBCC cannot be booked without the appropriate pathology report.</b></p> <p>Please ensure that the pathology report requirements for individual Tumour Groups are met prior to submitting the referral.</p>	<p>TBCC Central Access &amp; Triage</p>	<b>403-521-3722 (press 1 when prompted)</b>	<b>403-521-3245</b>
<b>Alberta Cancer Line (ACL)</b>	<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 to 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>	<b>1.888.432.8865</b>	

## Cardiac Care

Specialty	Description	Contact #s Clinic	Phone	Fax
<b>Bow Valley Cardiac Rehabilitation Program</b>	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	<b>403-679-7304</b>	<b>403-678-1205</b>
<b>Cardiac Function Clinics</b>	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)	<b>403-944-5900</b> <b>403-943-5579</b> <b>403-943-8623</b>	<b>403-283-7061</b> <b>403-943-6566</b> <b>403-943-8619</b>
<b>Cardiac Navigation Clinic (CNC)</b>	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)	<b>403-944-3278</b>	<b>403-944-3200</b>
<b>Adult Congenital Heart Clinic PLC</b>	The Adult Congenital Heart Clinic sees patients with structural defects of the heart and great vessels.	Peter Lougheed Centre (PLC)	<b>403-943-4504</b>	<b>403-291-6814</b>
<b>Atrial Fibrillation Clinic</b>	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)	<b>403-944-3339</b>	<b>403-944-3375</b>
<b>Cardiac Arrhythmia Clinic</b>	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)	<b>403-944-4632</b>	<b>403-670-0365</b>
<b>Cardiac Device Clinic (Pacemaker and ICD)</b>	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).	<b>FMC</b> <b>403-944-1188</b> <b>PLC</b> <b>430-943-4525</b> <b>RGH</b> <b>403-943-3203</b>	<b>FMC</b> <b>403-270-0718</b> <b>PLC</b> <b>403-250-9539</b> <b>RGH</b> <b>403-212-1232</b>
<b>Connective Tissue Clinic PLC</b>	The Connective Tissue Clinic sees patients with diseases of the connective tissue (Marfan syndrome, Ehlers Danlos syndrome, Loeys-Dietz syndrome)	Peter Lougheed Centre (PLC)	<b>403-943-4959</b>	<b>403-291-6814</b>
<b>Hypertrophic Cardiomyopathy Clinic PLC</b>	The Hypertrophic Cardiomyopathy Clinic sees patients with a genetic disorder of the myocardium of the heart causing hypertrophy.	Peter Lougheed Centre (PLC)	<b>403-943-4959</b>	<b>403-291-6814</b>

## Clinical Neurosciences

Specialty	Description	Contact #s Clinic	Phone	Fax
<b>Amyotrophic Lateral Sclerosis (ALS) Clinic</b>	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	<b>403-944-4323</b>	<b>403-944-4355</b>
<b>Calgary Headache Assessment and Management Program (CHAMP)</b>	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)	<b>403-944-2826</b>	<b>403-283-2270</b>
<b>Cognitive Neurosciences Clinic (CNC)</b>	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)	<b>403-944-4406</b>	<b>403-944-8228</b>
<b>General Neurology (GN)</b>	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)	<b>TBA</b>	<b>TBA</b>
<b>Urgent Neurology Clinic (UNC)</b>	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	<b>403-944-2372</b> and if appropriate page the neurologist on call for interim care advice: <b>FMC: 403-944-1110</b> <b>RGH: 403-943-3000</b> <b>PLC: 403-943-4555</b>	<b>403-270-1848</b>
<b>Movement Disorders Clinic (MDC)</b>	The clinic functions as a resource of expertise in the medical diagnosis and treatment of movement disorders.	Movement Disorders Clinic  Pediatric Tourette Syndrome Clinic	<b>403-944-4364</b>  <b>403-955-5912 or 403-955-5982</b>	<b>403-944-4063</b>  <b>403-955-5990</b>
<b>Multiple Sclerosis (MS) Clinic</b>	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	<b>403-944-4253</b>	<b>403-270-7162</b>
<b>Neuromuscular Clinic (NMC)</b>	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)	<b>403-944-4415 or 403-944-4418</b>	<b>403-270-8830</b>
<b>Seizure Clinic</b>	The seizure clinic functions as a resource of expertise in the management of epilepsy.	Seizure Clinic	<b>403-944-8087</b>	<b>403-283-2270</b>
<b>Stroke Prevention Clinic</b>	Referrals to the Stroke Prevention Clinic (SPC) should be sent by fax to SPC Central Access & Triage.	Stroke Prevention Clinic	<b>403-944-1447</b>	<b>403-944-1154</b>

## Medical Services

Specialty	Description	Contact #s Clinic	Phone	Fax
<b>Chronic Pain Centre (CPC)</b>	<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"> <li>• <b>A Self-Management</b> approach to pain. Patients are required to attend an orientation presentation where they will receive a <b>Pre-Assessment Questionnaire</b> which must be completed and returned prior to continuing the program.</li> <li>• <b>A Medical Management</b> 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.</li> </ul> <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	<b>403-943-9900</b>	<b>403-229-2954</b>
<b>Clinic for Mind Body Medicine</b>	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	<b>403-943-8476</b>	<b>403-955-2066</b>
<b>Diabetes, Hypertension and Cholesterol Centre (DHCC)</b>	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)	<b>403-955-8118</b>	<b>403-955-8634</b>
<b>Endocrinology &amp; Metabolism</b>	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	<b>403-955-8633</b>	<b>403-955-8634</b>
<b>Gastroenterology</b>	<p>All referrals to a gastroenterologist should be made through Central Access &amp; 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><b>Please do not send referrals for routine colon cancer screening to GI Central Access &amp; Triage.</b></p> <p>This program has a separate referral form and process that can be accessed at <a href="http://www.ucalgary.ca/colonscreening/">http://www.ucalgary.ca/colonscreening/</a></p>	GI Central Access & Triage  Dr Price  Dr Hershfield  Dr Ma  Dr Bass & Dr Blustein	<b>403-210-7565</b>  <b>403-283-6613</b>  <b>403-240-4084</b>  <b>403-568-9789</b>  <b>403-270-9555</b>	<b>403-210-9340</b>  <b>403-270-7722</b>  <b>403-244-3536</b>  <b>403-590-8616</b>  <b>403-270-7479</b>
<b>General Internal Medicine</b>	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: <b>403-955-8657</b> Triage nurse: <b>403-955-8655</b>	<b>403-270-8453</b>
<b>Hematology</b>	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	<b>403-944-8050</b>  <b>403-266-1246</b>  <b>403-237-5802</b>  <b>403-943-5423</b>	<b>403-944-3001</b>  <b>403-233-9278</b>  <b>403-233-9278</b>  <b>403-943-5520</b>

## Medical Services (cont)

Specialty	Description	Contact #s Clinic	Phone	Fax
<b>Living Well with a Chronic Condition Program</b>	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	<b>403-943-2584</b> (9HEALTH)	<b>403-955-6868</b>
<b>Mental Health</b>	Access Mental Health offers information and options for over 2,000 mental health related services within the Calgary Zone.	Access Mental Health	<b>403-943-1500</b>	<b>403-943-9044</b>
<b>Nephrology</b>	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	<b>403-955-6389</b>  <b>403-270-7575</b> <b>403-521-0201</b>	<b>403-955-6776</b>  <b>403-270-2164</b> <b>403-521-0550</b>
<b>Respiratory Medicine</b>	All referrals to a Respiriologist will be triaged through Respiratory Medicine Central Access & Triage.	Respiratory Central Access & Triage	<b>403-943-4718</b>	<b>403-944-1250</b>
<b>Rheumatology</b>	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	<b>403-944-4426</b>  <b>403-276-7800</b>	<b>403-944-4430</b>  <b>403-276-7801</b>
<b>Senior's Health &amp; Geriatric Medicine</b>	All referrals to Specialized Geriatric Services will be triaged through a One-Line Referral service	Senior's Health One-Line Referral	<b>403-955-1525</b>	<b>403-955-1514</b>
<b>Sleep Centre</b>	Referrals to the Sleep Centre should be sent to the Sleep Centre Central Access & Triage.	Sleep Centre	<b>403-944-2404</b>	<b>403-270-2718</b>
<b>Southern Alberta HIV Clinic</b>	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	<b>403-955-6399</b>	<b>403-955-6355</b>
<b>Vascular Risk Reduction Program</b>	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	<b>403-955-8032</b>	<b>403-955-8634</b>

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
<b>Intensive Palliative Care Unit (IPCU)</b>	Referrals must be initiated by a physician on the palliative care consult team.			
<b>Palliative/End of Life Care</b>	<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 &amp; 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	<b>403-944-2304</b>	<b>403-270-9652</b>
<b>Residential Hospice</b>	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	<b>403-944-1614</b>	<b>403-270-9652</b>
<b>Rural Palliative Consult Team</b>	<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	<b>403-995-2714</b>	<b>403-995-2619</b>
<b>Urban Palliative Consult Team (Homecare)</b>	<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	<b>403-944-2304</b>	<b>403-270-9652</b>

## Surgical Services

Specialty	Description	Contact #s Clinic	Phone	Fax
<b>Hepatopancreaticobiliary (HPB) (Department of Surgery)</b>	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	  <b>403-521-3179</b> <b>403-944-3045</b> <b>403-944-1233</b>	<b>403-476-8798</b>

## Women's Health

Specialty	Description	Contact #s Clinic	Phone	Fax
<b>Calgary Breast Health Clinic</b>	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..	<b>403-944-2240</b>	<b>403-944-2240</b>	<b>403-944-2250</b>
<b>High Risk Breast Cancer Clinic</b>	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.	<b>403-944-2444</b>	<b>RN</b> <b>403-944-2547</b>	<b>403-944-8614</b>
<b>Pelvic Floor Clinic</b>	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).	<b>403-944-4000</b>	<b>403-944-4000</b>	<b>403-944-2154</b>



## 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)
<b>Urgent</b>	<p><b>Allogeneic Transplant</b></p> <ul style="list-style-type: none"> <li>Relapsed acute leukemia in remission</li> <li>High cytogenetics risk acute leukemia</li> <li>Acute leukemia requiring &gt;1 cycle chemotherapy to achieve remission</li> <li>CMML-2 or RAEB-2, CMLAP or CP2</li> <li>MDS with evidence of transformation</li> <li>Myelofibrosis in transformation</li> <li>Severe aplastic anemia</li> </ul> <p><b>Autologous Transplant</b></p> <ul style="list-style-type: none"> <li>Lymphoblastic or Burkitt lymphoma</li> <li>Relapsed Hodgkins lymphoma</li> <li>Relapsed aggressive lymphoma</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to Intake Team: Patients in Southern Alberta: <b>403-270-0782</b> Patients in Northern Alberta: <b>780-989-4343</b></li> </ul>	Within 8 weeks
<b>Semi Urgent</b>	<p><b>Allogeneic Transplant</b></p> <ul style="list-style-type: none"> <li>Acute leukemia in first complete remission without high-risk cytogenetics</li> <li>Transfusion-dependent MDS</li> <li>Acute leukemia not in remission</li> <li>Lymphoblastic or Burkitt lymphoma</li> </ul> <p><b>Autologous Transplant</b></p> <ul style="list-style-type: none"> <li>Multiple myeloma</li> <li>Relapsed indolent lymphoma</li> <li>Acute leukemia in remission</li> <li>Relapsed germ cell tumour</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to Intake Team: Patients in Southern Alberta: <b>403-270-0782</b> Patients in Northern Alberta: <b>780-989-4343</b></li> </ul>	Within 8 – 16 weeks
<b>Routine</b>	<p><b>Allogeneic Transplant</b></p> <ul style="list-style-type: none"> <li>CLL or indolent NHL</li> <li>Hodgkins lymphoma</li> <li>Multiple myeloma</li> <li>Chronic myeloid leukemia, resistant or intolerant to TKI's</li> </ul> <p><b>Autologous Transplant</b></p> <ul style="list-style-type: none"> <li>Severe autoimmune diseases: Crohn's, Scleroderma, Multiple Sclerosis</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to Intake Team: Patients in Southern Alberta: <b>403-270-0782</b> Patients in Northern Alberta: <b>780-989-4343</b></li> </ul>	> 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
- 2<sup>nd</sup> 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](http://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
<b>Emergent</b>			
<b>Urgent</b>	<ul style="list-style-type: none"> <li>• PAP Smear - Squamous Cell Carcinoma,</li> <li>• PAP - Adenocarcinoma</li> <li>• PAP - Other Malignant types</li> </ul>	<ul style="list-style-type: none"> <li>• Colposcopy clinic / Clerk <b>403-698-8031</b></li> <li>• Colposcopy Nurse <b>403-698-8025</b></li> <li>• Colposcopy Fax <b>403-228-1076</b></li> </ul>	Within 1 week
<b>Semi Urgent</b>	<ul style="list-style-type: none"> <li>• ASC-H - Atypical Squamous Cells – cannot exclude HSIL</li> <li>• HSIL – High Grade Squamous Intraepithelial Lesion (CIN 2-3)</li> <li>• Atypical Glandular Cells Adenocarcinoma in Situ</li> <li>• Abnormal appearing cervix – regardless of PAP smear findings</li> </ul>	<ul style="list-style-type: none"> <li>• Colposcopy clinic / Clerk <b>403-698-8031</b></li> <li>• Colposcopy Nurse <b>403-698-8025</b></li> <li>• Colposcopy Fax <b>403-228-1076</b></li> </ul>	Within 1 month
<b>Routine</b>	<ul style="list-style-type: none"> <li>• LSIL – Low Grade Squamous Intraepithelial Lesion – 2 paps at least 6 months apart over 2 years</li> <li>• ASC-US (any type) – Atypical Squamous cells of undetermined significance - 2 paps at least 6 months apart over 2 years</li> <li>• Genital warts</li> </ul>	<ul style="list-style-type: none"> <li>• Colposcopy clinic / Clerk <b>403-698-8031</b></li> <li>• Colposcopy Nurse <b>403-698-8025</b></li> <li>• Colposcopy Fax <b>403-228-1076</b></li> </ul>	Within 4 months
<b>Specific comorbidity information to identify if relevant:</b> <ul style="list-style-type: none"> <li>• Previous genital warts</li> <li>• Infectious disease – sexual transmitted agents</li> <li>• Any other concurrent medical problem</li> <li>• Concurrent pregnancy</li> <li>• Therapeutic abortion, D&amp;C or Ablation within past 4 weeks</li> </ul>		<b>Specific symptom information to identify if relevant:</b> <ul style="list-style-type: none"> <li>• Abnormal appearing cervix</li> <li>• Abnormal vaginal bleeding</li> <li>• Provide any considered relevant by the referring physician</li> </ul>	
<b>Specific tests/investigations to provide if available:</b> <ul style="list-style-type: none"> <li>• Histopathological reports – for any surgical procedure, biopsy, or cytology – PAP Smear</li> <li>• History &amp; Physical</li> <li>• All related DI – Reports</li> <li>• All relevant Consultation reports</li> </ul>		<b>Note:</b> 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
<b>Urgent</b>	<ul style="list-style-type: none"> <li>Weeping lower legs at risk for infection or palliative clients</li> </ul>	Fax referral to: <b>403-476-2457</b> For more information phone: <b>403-476-2448</b>	Within 1 week
<b>Routine</b>	<ul style="list-style-type: none"> <li>Secondary, cancer-associated lymphedema of arms, legs, trunk, and/or breast</li> <li>Non-cancer related lymphedema for a one-time assessment</li> </ul>	Fax referral to: <b>403-476-2457</b> For more information phone: <b>403-476-2448</b>	Dependent on volume
<b>Specific comorbidity information to identify if relevant:</b> <ul style="list-style-type: none"> <li>Cancer history, including type and staging, recurrence, metastases, present status</li> <li>Surgical history, including # and status of lymph nodes, post-op complications</li> <li>Treatment history, chemo and radiation</li> <li>Cellulitis history and treatments</li> <li>Any kidney dysfunction</li> <li>Diabetes</li> <li>Cognitive impairment</li> <li>CHF</li> <li>Obesity(provide BMI)</li> <li>Osteoporosis</li> <li>Peripheral neuropathy</li> <li>History of DVT</li> </ul>		<b>Specific symptom information to identify if relevant:</b> <ul style="list-style-type: none"> <li>History of the swelling</li> <li>Pain</li> <li>Neurological symptoms</li> <li>Allergies, esp. latex, any creams</li> <li>Axillary web syndrome</li> <li>Radiation or adhesive capsulitis</li> <li>Shortness of breath or orthopnea</li> </ul>	
<b>Specific tests/investigations to provide if available:</b> <ul style="list-style-type: none"> <li>ABPI/TBPI results for affected lower limb</li> <li>Any pathology reports</li> <li>Any relevant imaging reports</li> </ul>		<ul style="list-style-type: none"> <li>WBC and differentiation, hemoglobin, and albumin levels</li> </ul>	
<b>Additional subspecialty requirements to provide if available:</b> <ul style="list-style-type: none"> <li>Suspected DVT must be ruled out with Doppler ultrasound</li> <li>Active infection/cellulitis must be treated and resolving</li> </ul>			
<b>Services will include:</b> <ul style="list-style-type: none"> <li>Specialized outpatient assessment/consultation for cancer-associated lymphedema management by physiotherapist &amp;/or occupational therapist.</li> <li>Provision and application of compression bandages.</li> <li>Manual Lymph Drainage, as appropriate.</li> <li>Teaching regarding management of lymphedema, skin care, and exercises.</li> <li>Assessment for appropriate compression garments /systems.</li> <li>AADL authorizations for appropriate compression sleeves/ stockings and /or reduction systems and other appropriate ADL equipment.</li> </ul>		<ul style="list-style-type: none"> <li>Up to ten (10) treatment sessions incorporating the above techniques, or as otherwise deemed appropriate by the treating therapist</li> <li>Lymphedema education class available monthly</li> <li>Occupational/Physiotherapy assessments of ROM/function/pain and appropriate treatments</li> <li>Written communication following assessment will be sent to referring physicians.</li> </ul>	

## TBCC Tumour Groups

403-521-3722

Triage Category	Including, but not limited to:	Process	Estimated Time to Assessment
<b>Emergent</b>	<ul style="list-style-type: none"> <li>• Superior Vena Cava Syndrome</li> <li>• Raised Intracranial Pressure</li> <li>• Life threatening respiratory difficulty</li> </ul> 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: <b>403-944-1110</b>	Same day
<b>Emergent</b>	<ul style="list-style-type: none"> <li>• Spinal Cord Compression</li> <li>• Electrolyte abnormalities</li> <li>• Hypercalcemia</li> <li>• Malignant Bowel Obstruction</li> <li>• Potential Upper Airway Obstruction</li> <li>• Febrile Neutropenia.</li> </ul> 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): <b>403-944-1110</b>  If patient is not known to TBCC, send patient to Emergency Room.	Same day
<b>Urgent</b>	<b>For triage category details of specific TBCC Tumour Groups, see relevant Tumour Group guidelines.</b>		
<b>Semi Urgent</b>			
<b>Routine</b>			

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

## TBCC Cutaneous Tumour Group

403-521-3928

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

## TBCC Gastrointestinal (GI) Tumour Group

403-521-3245

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

## TBCC Genitourinary (GU) Tumor Group

403-521-3245

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

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

## TBCC Head &amp; Neck Tumour Group

403-521-3722

Triage Category	Examples	Process	Time to be seen
<b>Emergent</b>	<ul style="list-style-type: none"> <li>• Airway obstruction due to cancer</li> <li>• Spinal cord compression</li> <li>• Uncontrolled bleeding or pain</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to Oncological Emergency Guidelines in Appendix</li> <li>• Airways obstruction, page ENT surgeon on call</li> <li>• Cord compression, bleeding, pain --&gt; page Rad Onc on call</li> </ul>	Same Day - Emergency
<b>Urgent</b>	<ul style="list-style-type: none"> <li>• All invasive head &amp; neck cancer is considered urgent and will be seen within 2 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Fax referral to TBCC Central Access &amp; Triage: <b>403-521-3245</b></li> </ul>	Within 2 weeks
<b>Routine</b>	<ul style="list-style-type: none"> <li>• Benign conditions such as schwannoma, glomus tumours, fibroma</li> </ul>	<ul style="list-style-type: none"> <li>• Fax referral to TBCC Central Access &amp; Triage: <b>403-521-3245</b></li> </ul>	Within 4 weeks
<b>Specific co-morbidity information to identify if relevant:</b> <ul style="list-style-type: none"> <li>• Any other concurrent medical problem</li> </ul>		<b>Specific symptom information to identify if relevant:</b> <ul style="list-style-type: none"> <li>• Provide any considered relevant by the referring physician.</li> </ul>	
<b>Specific tests/investigations required:</b> <ul style="list-style-type: none"> <li>• Histological confirmation of Malignancy is required.</li> <li>• *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).</li> <li>• Histopathological reports – for any surgical procedure, biopsy, either fine needle aspirate or excisional biopsy.</li> <li>• Operative reports to include surgeries for primary tumour – current or previous.</li> <li>• History and Physical (inpatients).</li> <li>• Discharge Summary (inpatients).</li> <li>• All lab work done in previous month &amp; pre-operative.</li> </ul>			
<b>Specific tests/investigations to provide if available:</b> <ul style="list-style-type: none"> <li>• Chest X-ray – report and films/disc if not on PACS</li> <li>• CT Scans – chest and head - report and films/disc if not on PACS</li> <li>• All other related DI – reports and films</li> <li>• 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</li> <li>• Consultation reports</li> </ul>			

## TBCC Hematology Tumour Group

403-521-3722

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
<b>Emergent</b>	<ul style="list-style-type: none"> <li>• Hematological Malignancy with:               <ul style="list-style-type: none"> <li>o Superior Vena Cava Syndrome</li> <li>o Malignant Bowel Obstruction</li> <li>o Spinal Cord Compression</li> <li>o Hydronephrosis and renal failure</li> <li>o Hypercalcemia</li> <li>o Severe cytopenias ANC &lt;0.5, platelets &lt;20, Hb &lt;70</li> </ul> </li> <li>• New Diagnosis of Acute Leukemia (new blasts on CBC or blood smear) or Highly Aggressive Lymphoma (Burkitt, Lymphoblastic)</li> <li>• Any bulky aggressive-lymphoma at risk for tumour lysis syndrome</li> </ul>	<ul style="list-style-type: none"> <li>• Patient to be sent to Emergency Room at FMC or PLC</li> <li>• Call hematologist on call to discuss care at either: FMC <b>403-944-1110</b> or PLC <b>403-943-4555</b></li> </ul>	Within 24 hours
<b>Urgent</b>	<ul style="list-style-type: none"> <li>• Severe symptoms (eg. drenching night sweats, &gt;10% weight loss, fevers, pruritis, pain, dyspnea, other) in setting of:               <ul style="list-style-type: none"> <li>o Lymphoma</li> <li>o Myeloma</li> <li>o Chronic Myelogenous Leukemia</li> <li>o Chronic Lymphocytic Leukemia</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Fax referral to TBCC Central Access &amp; Triage: <b>403-521-3245</b></li> <li>• Call Hematologic Malignancy Clinic to discuss: <b>403-521-3722</b></li> </ul>	Within 1 week
<b>Semi Urgent</b>	<ul style="list-style-type: none"> <li>• New or relapsed diagnosis, without distressing severe symptoms:               <ul style="list-style-type: none"> <li>o Lymphoma</li> <li>o Myeloma</li> </ul> </li> <li>• Bone Marrow Transplant Consult for active aggressive malignancy</li> </ul>	<ul style="list-style-type: none"> <li>• Fax referral to TBCC Central Access &amp; Triage: <b>403-521-3245</b></li> </ul>	Within 2 weeks
<b>Routine</b>	<ul style="list-style-type: none"> <li>• New or relapsed diagnosis, without distressing symptoms:               <ul style="list-style-type: none"> <li>o Chronic Myelogenous Leukemia</li> <li>o Chronic Lymphocytic Leukemia</li> </ul> </li> <li>• Bone Marrow Transplant Consult for indolent malignancy, or aggressive malignancy currently in remission</li> <li>• Any Hematological Malignancy currently in remission</li> <li>• Second opinion consults or Transfers from other centers</li> </ul>	<ul style="list-style-type: none"> <li>• Fax referral to TBCC Central Access &amp; Triage: <b>403-521-3245</b></li> </ul>	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
<b>Emergent</b>	<ul style="list-style-type: none"> <li>Spinal cord compression</li> <li>Superior Vena Cava Obstruction</li> </ul>	<ul style="list-style-type: none"> <li>Refer to Oncological Emergencies in Appendix</li> <li>Page oncologist on call</li> </ul>	Same day to within 1 week
<b>Urgent</b>	<ul style="list-style-type: none"> <li>Brain metastases</li> <li>Hemoptysis (Frank blood)</li> <li>Painful Bone Metastases</li> <li>Small Cell Lung Cancer</li> </ul>	<ul style="list-style-type: none"> <li>Mark referral "urgent"</li> <li>Fax referral to TBCC Central Access &amp; Triage: <b>403-521-3245</b></li> <li>Call Lung Triage Coordinator to discuss: <b>403-521-3811</b></li> </ul>	Within 2 weeks
<b>Semi Urgent</b>	<ul style="list-style-type: none"> <li>Mesothelioma</li> <li>Non-Small Cell Lung Cancer (NSCLC) Stage I - IIIB, not resected</li> <li>NSCLC Stage IV (metastatic/palliative)</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to TBCC Central Access &amp; Triage: <b>403-521-3245</b></li> </ul>	Within 3 weeks
<b>Routine</b>	<ul style="list-style-type: none"> <li>Resected NSCLC Stage I - IIIB (for consideration of adjuvant therapy)</li> <li>Bronchoalveolar Carcinoma</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to TBCC Central Access &amp; Triage: <b>403-521-3245</b></li> </ul>	Within 4 weeks
<b>Specific co-morbidity information to identify if relevant:</b>		<b>Specific symptom information to identify if relevant:</b>	
<ul style="list-style-type: none"> <li>Infectious disease.</li> <li>Any other concurrent medical problems.</li> </ul>		<ul style="list-style-type: none"> <li>Provide any considered relevant by the referring physician.</li> </ul>	
<b>Specific tests/investigations required:</b>			
<b>As a minimum provide:</b>			
<ul style="list-style-type: none"> <li>CT Chest &amp; Abdomen</li> <li>Patient Demographic Sheet (Inpatients), History and Physical (Inpatients) and Discharge Summary (Inpatients)</li> <li>Pulmonary function test (if patient clearly not palliative)</li> <li>Tissue diagnosis (pathology/cytology report)*</li> </ul>			
<b>Specific tests/investigations to provide if available:</b>			
<ul style="list-style-type: none"> <li>Bone scan reports, discs if not on PACS</li> <li>Brain CT/MRI reports, discs if not on PACS</li> <li>Abdomen CT or ultrasound</li> <li>CT/PET Scan</li> <li>Bronchoscopy/mediastinoscopy report</li> </ul>			
<b>Additional subspecialty requirements to provide if available:</b>			
<ul style="list-style-type: none"> <li>*Please refer patient to Thoracic Oncology Program (fax referral : <b>403-944-8848</b>) to expedite tissue diagnosis and complete staging work-up prior to referral to Lung Tumour Group</li> <li>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</li> </ul>			

## TBCC NeuroOncology Tumour Group

403-521-3722

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

## TBCC Pain &amp; Palliative Tumour Group

403-521-3589

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

## TBCC Sarcoma (Musculoskeletal) Tumour Group

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



## Bow Valley Cardiac Rehabilitation Program

403-679-7304

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
<p><b>Routine</b></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"> <li>Fax referral to Kelly Yurasek, BVCRP at <b>403-678-1205</b>.</li> </ul> <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><b>Specific comorbidity information to identify if relevant:</b></p> <ul style="list-style-type: none"> <li>Cerebrovascular Disease</li> <li>Chronic Heart Failure</li> <li>Chronic Lung Condition</li> <li>Diabetes</li> <li>Dyslipidemia</li> <li>Hypertension</li> <li>Ischemic Heart Disease</li> <li>Obesity</li> <li>Orthopaedic conditions</li> <li>Other cardiac conditions (e.g. arrhythmia, valve disease)</li> </ul>		<p><b>Specific symptom information to identify if relevant:</b></p> <ul style="list-style-type: none"> <li>Limitations to exercise</li> <li>Provide any considered relevant by the referring physician</li> </ul>	
<p><b>Specific tests/investigations to provide if available/relevant:</b></p> <p>Diagnostic tests including:</p> <ul style="list-style-type: none"> <li>angiography</li> <li>cardiac MRI</li> <li>exercise or pharmacological stress tests</li> <li>echocardiography</li> <li>pulmonary function tests</li> </ul>		<p><b>Additional subspecialty requirements to provide if available:</b></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
<b>Urgent</b>	DIAGNOSED Heart Failure patients with: <ul style="list-style-type: none"> <li>• Active and changing symptoms, typically exhibiting signs and symptoms of heart failure decompensation</li> <li>• Patients with NYHA IV symptoms</li> <li>• New onset of heart failure with progressively worsening symptoms</li> <li>• NYHA III symptoms and low BP (&lt; 100 mmHg), or symptomatic hypotension</li> <li>• Worsening symptoms following recent hospital discharge</li> <li>• New or Worsening heart failure symptoms following cardiac surgery,</li> <li>• Worsening symptoms despite previously stable active anti-failure therapy</li> </ul>	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
<b>Elective</b>	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
<b>Emergent</b>	<ul style="list-style-type: none"> <li>Patients that need to be seen immediately, for example:               <ul style="list-style-type: none"> <li>Acute or suspected MI</li> <li>Unstable Angina with chest pain</li> <li>SBE actual/suspected</li> <li>Hemodynamically significant arrhythmias</li> <li>Suspected aortic dissection</li> <li>Suspected cardiac tamponade</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Go to Emergency, or</li> <li>Page Cardiologist on call: <b>403-944-1110</b></li> </ul>	Same day (emergency)
<b>Urgent</b>	<ul style="list-style-type: none"> <li>Patients with cardiac conditions that are not emergent, but are deemed likely to deteriorate if not seen by a cardiologist within two weeks.</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to Cardiac Navigation Clinic: <b>403-944-3200</b></li> </ul>	Up to 2 weeks
<b>Semi Urgent</b>	<ul style="list-style-type: none"> <li>Known or suspected cardiac conditions that require cardiology assessment more urgently than the routine timeframe.</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to Cardiac Navigation Clinic: <b>403-944-3200</b></li> </ul>	2-4 weeks
<b>Routine</b>	<ul style="list-style-type: none"> <li>All other cardiac conditions that can be seen through the existing elective system.</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to appropriate clinic or physician office if known</li> <li>If uncertain of referral path, fax to Cardiac Navigation Clinic: <b>403-944-3200</b></li> </ul>	> 4 weeks
<b>Specific comorbidity information to identify if relevant:</b> <ul style="list-style-type: none"> <li>Diabetes</li> <li>Thyroid disease</li> <li>Renal dysfunction</li> <li>Sleep Apnea / Snoring</li> <li>Pulmonary (describe)</li> <li>Liver / GI (describe)</li> <li>Malignancy (5 years)</li> <li>Renal disease</li> </ul>		<b>Specific symptom information to identify if relevant:</b> <ul style="list-style-type: none"> <li>Please provide details of any symptoms experienced relevant to the suspected cardiac condition.</li> </ul>	
<b>Cardiac specific history to identify if relevant:</b> <ul style="list-style-type: none"> <li>Please identify and provide supporting documentation for any previous Cardiac diagnoses, or relevant cardiac history, for example:               <ul style="list-style-type: none"> <li>Prior MI</li> <li>Prior PCI</li> <li>Prior CABG</li> <li>Hypertension</li> <li>Hyperlipidemia</li> <li>Smoking or cocaine use</li> </ul> </li> </ul>		<b>Specific tests / investigations required to enable triage:</b> <ul style="list-style-type: none"> <li>12 Lead ECG or rhythm strips of arrhythmia (if relevant)</li> <li>Recent Blood Work               <ul style="list-style-type: none"> <li>INR if patient on Coumadin</li> <li>Lipid Profile</li> <li>CBC, Lytes, Creatinine</li> <li>TSH, Digoxin level</li> </ul> </li> <li>Emergency Physician record if patient being referred from ED.</li> <li>Any other cardiac tests completed.</li> </ul>	

## 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"> <li>• History, medications</li> <li>• Structural heart disease assessment: echocardiogram, MUGA, thallium, Cardiac MRI</li> <li>• Documentation of arrhythmia: ECG, Holter monitor, exercise treadmill test</li> <li>• Other cardiac monitoring: angiogram</li> </ul> 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
<b>Suspected ALS</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to the ALS clinic: 403-944-4355</li> <li>Phone: 403-944-4323</li> </ul>	2 – 4 weeks
<b>Specific co-morbidity information to identify if relevant:</b> <ul style="list-style-type: none"> <li>Is the patient aware of the diagnostic possibility that this could be ALS?</li> </ul>		<b>Specific symptom information to identify if relevant:</b> <ul style="list-style-type: none"> <li>Is there weakness?</li> <li>Is there dysphagia?</li> <li>Is there dysarthria?</li> <li>Are there respiratory symptoms?</li> <li>Are there sensory changes?</li> <li>Are there bowel or bladder changes?</li> </ul>	
<b>Specific tests/investigations required to enable triage if performed:</b> <ul style="list-style-type: none"> <li>MRI</li> <li>EMG</li> <li>Lab work</li> </ul>			
<b>Additional Subspecialty Requirements to provide if available:</b> Prior consultations			
<b>NOTES:</b> <ul style="list-style-type: none"> <li>Incomplete or illegible referrals will be returned for completion before or during triage.</li> <li>Referrals more appropriate for another Neurology program will be forwarded (you will be notified).</li> <li>Patients may be seen at any site.</li> </ul>			

# Calgary Headache Assessment and Management Program

403-944-2826

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
<b>Emergent</b>	<ul style="list-style-type: none"> <li>• Thunderclap headache (severe headache with peak intensity within seconds to 5 minutes from onset)</li> <li>• Headache with fever and meningismus</li> <li>• Headache with papilledema, altered level of consciousness and / or focal signs</li> <li>• Signs of acute glaucoma</li> </ul>	Send to Emergency immediately	Same Day
<b>Urgent</b>	<p>New headache or recent change in headache pattern in a patient with:</p> <ul style="list-style-type: none"> <li>• relevant systemic illness, cancer</li> <li>• possible temporal arteritis and visual symptoms (over age 50)</li> <li>• papilledema in an alert patient without focal signs</li> </ul>	Refer to urgent neurology clinic or discuss with neurologist on call	2-6 days
<b>Semi-urgent / will be expedited</b>	<ul style="list-style-type: none"> <li>• Suspected cluster headache or other trigeminal autonomic cephalalgias</li> <li>• Suspected temporal arteritis with headache but no other neurological symptoms</li> <li>• Orthostatic headache (worse on standing) suggestive of intracranial hypotension (CSF leak).</li> <li>• Unexplained neurological examination findings in an alert patient with headache without systemic disease or papilledema</li> <li>• Headache precipitated (not just aggravated) by cough, exertion, or straining</li> <li>• Headache worse with lying down</li> <li>• Patients with severe facial pain syndromes</li> <li>• Other patients may be expedited based upon information from the referring physician</li> </ul>	<p>Fax referral to CHAMP with appropriate triage information.</p> <p>Fax: <b>403-283-2270</b></p>	1 to 8 weeks
<b>Routine</b>	<ul style="list-style-type: none"> <li>• Patients with migraine, tension-type headache, and other chronic headache syndromes with significant headache related disability.</li> <li>• Patients with headache on more than 14 days a month <b>related to head or neck injury</b> should be referred to the Calgary Chronic Pain Center Headache Program.</li> </ul>	<p>Fax referral to CHAMP at <b>403-283-2270</b></p> <p>Fax referral to the Calgary Chronic Pain Center Headache Program <b>403-229-2954</b></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
<b>Emergent</b>	<ul style="list-style-type: none"> <li>Acute delirium.</li> <li>Behavioral complications of dementia that are acutely compromising patient or caregiver safety (e.g. psychosis, agitation, violent behavior).</li> </ul>	Go directly to Emergency Department	Same Day
<b>Semi-Urgent</b>	<ul style="list-style-type: none"> <li>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).</li> </ul>	Fax referral to the CNC: 403-944-8228  CNC Phone: 403-944-4406	Within 1 month
<b>Routine</b>	<ul style="list-style-type: none"> <li>Suspicion of cognitive impairment or dementia caused by neurological disease.</li> <li>Opinion on etiology of cognitive impairment or dementia.</li> <li>Early-onset cognitive impairment or dementia (&lt;65 years).</li> <li>Cognitive symptoms with objective evidence of poor cognition (e.g. by MMSE or MoCA).</li> <li>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).</li> </ul>	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
<b>Not Accepted</b>	<ul style="list-style-type: none"> <li>Referrals solely for management of behavioural complications of dementia.</li> <li>Referrals for capacity assessment or for driving assessment.</li> <li>Assessments for the Worker's Compensation Board.</li> <li>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).</li> <li>Referrals for static cognitive impairment solely due to concussion, traumatic brain injury or psychiatric diseases.</li> </ul>		

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](http://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
<b>Emergent</b>	<ul style="list-style-type: none"> <li>• Recurrent seizures, without full recovery of consciousness between them</li> <li>• Acute and persistent deterioration in level of consciousness</li> <li>• Sudden severe headache +/- neck stiffness +/- altered level of consciousness</li> <li>• New onset headache and stiff neck with associated signs of an infection</li> <li>• Acute onset of bilateral leg weakness in the past few hours or days +/- a sensory level +/- bladder dysfunction</li> <li>• TIA and stroke: see stroke prevention clinic guidelines</li> <li>• Acute ptosis associated with pain or a Horner's syndrome</li> <li>• Acute loss of vision</li> </ul>	<ul style="list-style-type: none"> <li>• Go to Emergency Department for assessment by ER physician</li> </ul> <p style="text-align: center;">or</p> <ul style="list-style-type: none"> <li>• contact the ophthalmologist on call for acute, persistent loss of vision or go to the Emergency Department</li> </ul>	Same day
<b>Urgent</b>	<ul style="list-style-type: none"> <li>• Onset <b>within the previous month</b> in a person without a previously diagnosed causative neurologic disease of:               <ul style="list-style-type: none"> <li>◦ New ataxia</li> <li>◦ New double vision</li> <li>◦ Multiple cranial neuropathies or new onset bulbar symptoms</li> <li>◦ First seizure</li> <li>◦ New atypical headache with focal signs or clinically worrisome features</li> <li>◦ New onset loss of consciousness of uncertain cause (not pre-syncope)</li> <li>◦ New weakness other than suspected TIA/Stroke (see Stroke Prevention Clinic guidelines)</li> <li>◦ New progressive or persistent cognitive dysfunction such as aphasia or apraxia.</li> <li>◦ 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.</li> <li>◦ New isolated sensory deficits if there are objective findings of a sensory level or new bladder dysfunction</li> </ul> </li> <li>• TIA and stroke: see Stroke Prevention Clinic guidelines</li> <li>• See neurology subspecialty clinic information for patients with the known neurologic diseases.</li> <li>• Patients with a known neurologic disease who are followed by a neurologist outside of a subspecialty clinic should be referred to their own neurologist.</li> <li>• See exclusions below.</li> </ul>	<ul style="list-style-type: none"> <li>• Fax referral to the Urgent Neurology Clinic: 403-270-1848</li> </ul> <p style="text-align: center;">and if appropriate</p> <ul style="list-style-type: none"> <li>• Page the neurologist on call for interim care advice: FMC: 403-944-1110 RGH: 403-943-3000 PLC: 403-943-4555</li> </ul>	Within 1 week

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
<b>Semi Urgent</b>	<p><b>Onset within the past 3 months</b> of a first ever episode of:</p> <ul style="list-style-type: none"> <li>• <b>New</b> motor +/- sensory deficit with or without pain</li> <li>• <b>New</b> episodic confusion or amnesia</li> <li>• Progressive weakness</li> <li>• Progressive aphasia</li> <li>• Progressive cognitive decline</li> <li>• Progressive or intermittent dysarthria and/or dysphagia</li> </ul>	<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>
<b>Routine</b>	<ul style="list-style-type: none"> <li>• Chronic unremitting or frequent headache</li> <li>• Chronic intermittent or persistent dizziness or vertigo</li> <li>• Epilepsy</li> <li>• Sensory symptoms</li> <li>• Gait problems</li> <li>• Tremor</li> <li>• Other movement disorders</li> <li>• Chronic progressive limb weakness</li> <li>• mild cognitive impairment</li> <li>• chronic progressive cognitive decline</li> <li>• Multi-focal neurological symptoms without neurological signs</li> <li>• Multi-focal neurological symptoms with a normal or non-specific brain MRI</li> <li>• Abnormal brain MRI (other than a space occupying lesion)</li> </ul>	<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><b>Exclusions</b> Referrals in these situations will not generally be accepted</p>	<ul style="list-style-type: none"> <li>• Follow-up appointments</li> <li>• Patients requiring follow-up after discharge from the general neurology service</li> <li>• Patients already registered in a subspecialty clinic</li> <li>• Patients who hope to be seen sooner than the subspecialty clinic can offer</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Second opinions</li> <li>• Medicolegal assessments</li> <li>• Workers' Compensation Board assessments</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• 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</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Acute trauma to the nervous system with or without a neurological deficit</li> <li>• <b>Acute or chronic radiculopathy with known structural cause (such as disc extrusions)</b></li> <li>• Failed back problems</li> </ul>	<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&amp;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
<b>Emergent</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Send patient to Emergency Room for assessment by ER physicians</li> </ul>	Same day
<b>Urgent</b>	<p><b>Re-referrals:</b> Deep Brain Stimulator (DBS) Patients</p> <ul style="list-style-type: none"> <li>Sudden worsening of Parkinson's disease or dystonia due to failure of battery or pacemakers in patients with Deep Brain Stimulators (DBS).</li> <li>Need for urgent MRI scans in patients with Deep Brain Stimulators</li> </ul> <p>Patients of the Movement Disorder Clinic</p> <ul style="list-style-type: none"> <li>Rapid Deterioration of Parkinson's Disease or other movement disorder</li> </ul>	<ul style="list-style-type: none"> <li>For DBS issues please contact the Surgical Nurse coordinator (daytime) at: 403-944-4392 or 403-944-8152</li> <li>In the evening contact Neurologist on Call</li> <li>Fax referral to: 403-944-4063</li> </ul>	Usually the same day  Within 1 month
	<p><b>New Referrals:</b></p> <ul style="list-style-type: none"> <li>Severe progressive Parkinsonism in children or severe tics</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Pringsheim will see at the Tourette and Pediatric Movement Disorders Clinic at the Alberta Children's Hospital (ACH).</li> <li>For emergent cases please page her: 403-212-8223-08511 or Tel: 403-955-5982 Fax: 403-955-5990</li> </ul>	Within 1 week
	<ul style="list-style-type: none"> <li>Patients with hemi facial spasm, blepharospasm or cervical dystonia</li> <li>For Adults and children with tics</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to MDC Clinic: 403-944-4063</li> <li>Tourette and Pediatric Movement Disorders Clinic, ACH Tel: 403-955-5982 Fax: 403-955-5990</li> </ul>	Within 3 months  Within 2 months
<b>Routine &lt;6 months</b>	<ul style="list-style-type: none"> <li>All other patients who do not fit the above examples</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to MDC Clinic: 403-944-4063</li> </ul>	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
<b>Emergent</b>	<ul style="list-style-type: none"> <li>Disabling symptoms associated with inability to safely manage as an outpatient. Paraparesis, hemiparesis, and severe dysphagia are typical examples.</li> <li>Severe psychiatric co-morbidities (depression and psychosis) may require emergency assessment and psychiatric management. Suicide is common in MS.</li> </ul>	<ul style="list-style-type: none"> <li>Send patient to Emergency Room for assessment by ER physicians</li> </ul>	Same day
<b>Urgent / Semi-urgent</b>	<p><b>New Referrals: Suspected MS</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Refer adults to General Neurology or Urgent Neurology Clinic as per their guidelines.</li> <li>Dr. Jean K. Mah, Pediatric Neurology Clinic, Alberta Children's Hospital Ph: 403-955-7602 Fax:403-955-7609</li> </ul>	
	<p><b>New Referrals:</b></p> <ul style="list-style-type: none"> <li>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"> <li>Disabling relapses not thought to require hospitalization.</li> <li>Moderate or severe treatment adverse events in a patient recently moved to our referral area but started on MS therapy by a previous neurologist.</li> </ul> </li> <li>Patients newly diagnosed with acute optic neuritis by an ophthalmologist.</li> <li>Patients newly diagnosed with MS or suspected MS by a neurologist and who will not be followed by that neurologist.</li> </ul> <p><b>Re-referral of current MS Clinic patients:</b></p> <ul style="list-style-type: none"> <li>Disabling relapses not thought to require hospitalization.</li> <li>Moderate or severe treatment adverse events.</li> </ul> <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"> <li>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</li> </ul> <p>Or</p> <ul style="list-style-type: none"> <li>Page the neurologist on call for advice: FMC: 403-944-1110 RGH: 403-943-3000 PLC: 403-943-4555</li> </ul>	<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>
<b>Routine</b>	<p><b>New Referrals:</b></p> <ul style="list-style-type: none"> <li>Patients with both focal CNS symptoms and a brain MRI that is highly suggestive of MS (see below).</li> <li>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.</li> <li>Patients referred by a neurologist for assessment of suspected demyelinating disease.</li> <li>Patients diagnosed with optic neuritis by an ophthalmologist or neurologist (unless the other neurologist is also following the patient).</li> </ul>	<ul style="list-style-type: none"> <li>Fax to the MS Clinic Ph: 403-944-4253 Fax:403-270-7162</li> </ul>	<p>&lt; 3 months: &gt; one recent relapse, rapid recent worsening, need to review MS therapies, or clear need for symptom management.</p> <p>&lt; 6 months: Stable or slowly progressive disease.</p>

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
	<p><b>Re-Referrals:</b></p> <ul style="list-style-type: none"> <li>Any current MS Clinic patient with MS or suspected MS for whom an MS Clinic assessment is requested.</li> <li>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.</li> <li>Current MS Clinic patients who have not been seen by a clinic physician for at least 18 months may self refer for routine assessment.</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral directly to the MS Clinic: 403-270-7162</li> </ul> <p>Consider requesting a telephone consult for interim care.</p>	<p>&lt; 3 months: Multiple recent relapses, rapid recent worsening, or need to review MS therapies.</p> <p>&lt;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>
<b>Not accepted</b>	<ul style="list-style-type: none"> <li>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 <b>this service is not available through the MS Clinic.</b></li> <li>Referrals to see people who live outside our referral area (Southern Alberta and the SE tip of BC) except in special circumstances.</li> </ul>		

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
<b>Emergent</b> <b>New or Re-referring</b>	<ul style="list-style-type: none"> <li>• A patient with a known diagnosis of myasthenia gravis with increasing problems with respiration</li> <li>• Acute onset (within the past 7 days) of weakness, sensory symptoms in both legs, with or without urinary symptoms or shortness of breath</li> <li>• Recent onset (last one week) of major motor and/or sensory deficits in 2 or more peripheral nerve territories</li> <li>• New onset (last one week) of a problem with difficulty swallowing or breathing</li> <li>• 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)</li> </ul>	<ul style="list-style-type: none"> <li>• Go directly to Emergency Department</li> </ul>	Same day
<b>Urgent</b> <b>New or Re-referring</b>	<ul style="list-style-type: none"> <li>• Known diagnosis of myasthenia gravis but with increasing problems with chewing, swallowing and speaking or generalized weakness</li> <li>• Onset in past 2-3 weeks of new, progressive sensory and motor deficits resulting in impaired function</li> <li>• Recent (2-3 weeks) onset of motor and/or sensory deficits in 2 or more peripheral nerve territories</li> <li>• Patient is discussed by telephone with neuromuscular neurologist and triaged to urgent</li> </ul>	<ul style="list-style-type: none"> <li>• New referrals directed to Central Triage</li> <li>• Fax re-referrals to Neuromuscular Clinic: 403-270-8830</li> <li>• Phone: 403-944-4415 or 403-944-4418</li> </ul>	Within 1-7 days
<b>Semi-Urgent</b>	<ul style="list-style-type: none"> <li>• Onset of progressive limb weakness or swallowing/speech difficulties over weeks to months associated with loss of muscle bulk and, twitching of muscles</li> <li>• Progressive, primarily proximal limb weakness +/- swallowing difficulties (or problem in two or more nerve territories) of not more than 2 to 3 months duration</li> <li>• 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.</li> <li>• Patient is discussed by telephone with neuromuscular neurologist and triaged to semi-urgent</li> </ul>	<ul style="list-style-type: none"> <li>• New referrals directed to Central Triage</li> <li>• Fax re-referrals to Neuromuscular Clinic: 403-270-8830</li> <li>• Phone: 403-944-4415 or 403-944-4418</li> </ul>	Within 2-4 weeks
<b>Routine</b> <b>&lt;3 months</b>	<ul style="list-style-type: none"> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• Fax re-referrals to Neuromuscular Clinic: 403-270-8830</li> <li>• Phone: 403-944-4415 or 403-944-4418</li> </ul>	Within 3 months
<b>Routine</b> <b>&lt;6 months</b>	<ul style="list-style-type: none"> <li>• Known diagnoses of muscular dystrophy, hereditary neuropathies, stable myasthenia gravis, stable peripheral neuropathies</li> <li>• Muscle cramping or pain of unknown cause, elevated CKs of unknown cause</li> <li>• Neuropathic pain</li> </ul>	<ul style="list-style-type: none"> <li>• Fax re-referrals to Neuromuscular Clinic: 403-270-8830</li> <li>• Phone: 403-944-4415 or 403-944-4418</li> </ul>	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
<b>Emergent</b>	<ul style="list-style-type: none"> <li>• Status epilepticus-convulsive or suspected non-convulsive</li> <li>• Frequent or sequential seizures</li> <li>• Severe toxicity or adverse reactions to treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Send to Emergency department</li> </ul>	Same day
<b>Urgent</b>	<ul style="list-style-type: none"> <li>• First unprovoked seizure</li> </ul>	<ul style="list-style-type: none"> <li>• Fax referral to Urgent Neurology Clinic (UNC) 403-270-1848</li> <li>- see separate information about UNC</li> </ul>	Within 1 week
<b>Semi-Urgent</b>	<ul style="list-style-type: none"> <li>• Increase in number or severity of seizures</li> <li>• Moderate adverse effects of treatment</li> <li>• Newly diagnosed epilepsy</li> <li>• Recurrence of seizures after prolonged seizure free period. Recurrence interferes with driving, work.</li> </ul>	<ul style="list-style-type: none"> <li>• Fax referral to the Seizure Clinic and request an appointment or an epilepsy physician telephone consult Phone: 403-944-8087 Fax: 403-283-2270</li> </ul>	Within 1 month for clinic
<b>Routine &lt;3 months</b>	<ul style="list-style-type: none"> <li>• Intractable epilepsy adequate trial of at least two anti-epileptic drugs (AEDs)</li> <li>• Not previously seen by epileptologist</li> </ul>	<ul style="list-style-type: none"> <li>• Fax referral to Seizure Clinic Phone: 403-944-8087 Fax: 403-283-2270</li> </ul>	Within 3 months
<b>Routine &lt;6 months</b>	<ul style="list-style-type: none"> <li>• Intractable epilepsy tried multiple AEDs</li> </ul>	<ul style="list-style-type: none"> <li>• Fax referral to Seizure Clinic Phone: 403-944-8087 Fax: 403-283-2270</li> </ul>	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
<b>Emergent</b>	Suspected TIA in last <b>48 hours</b> with: <ul style="list-style-type: none"> <li>• Motor weakness or speech deficit &gt; 5 mins or</li> <li>• Any focal symptoms if Risk Score <math>\geq 4</math>, or</li> <li>• Any focal symptoms if patient has AF</li> </ul>	<b>Send patient to Emergency Room and call TIA Hotline at 1 800 661 1700</b>	Same day
<b>Urgent</b>	Suspected TIA in last <b>3 to 7 days</b> with: <ul style="list-style-type: none"> <li>• Motor weakness or speech deficit &gt; 5 mins or</li> <li>• Any focal symptoms if Risk Score <math>\geq 4</math>, or</li> <li>• Any focal symptoms if patient has AF</li> </ul>	Fax referral to SPC: <b>403-944-1154</b>	$\leq 2$ working days
<b>Semi Urgent</b>	<b>1</b> Suspected TIA in last <b>8 to 14 days</b> with: <ul style="list-style-type: none"> <li>• Motor weakness or speech deficit &gt; 5 mins or</li> <li>• Any focal symptoms if Risk Score <math>\geq 4</math>, or</li> <li>• Any focal symptoms if patient has AF</li> </ul> <b>2</b> Sudden blindness in one eye (amaurosis fugax) in last 14 days	Fax referral to SPC: <b>403-944-1154</b>	$\leq 7$ working days
<b>Routine</b>	All other suspected TIAs	Fax referral to SPC: <b>403-944-1154</b>	$\leq 21$ 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)	
		<b>TOTAL</b>	_____

**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
<b>Fast Track</b>	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.
<b>Routine</b>	<ul style="list-style-type: none"> <li>• <b>Headaches</b> &gt; 15 days/month</li> <li>• <b>Pelvic Pain – Must</b> have seen a community gynecologist</li> <li>• <b>Vulvar Pain – Must</b> have seen a community gynecologist</li> <li>• <b>Non-malignant chronic pain presents for &gt; 6 months</b> <ul style="list-style-type: none"> <li>• Musculoskeletal Pain</li> <li>• Neuropathic Pain</li> <li>• Complex Regional Pain Syndrome</li> <li>• Post Herpetic Neuralgia</li> <li>• Spinal Pain</li> <li>• Limb Pain</li> <li>• Abdominal &amp; Chest Pain</li> <li>• Myalgias</li> <li>• Peripheral Neuropathies</li> <li>• Consideration for Spinal Cord Stimulator</li> <li>• Facial Pain</li> </ul> </li> </ul>	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.
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• have current/valid Alberta Health Care coverage</li> <li>• have a family doctor who is prepared to work with the treatment team and provide follow-up</li> <li>• be cognitively capable of participating in assessment and treatment</li> <li>• be in stable medical condition</li> <li>• not have a mental health condition that would preclude participation in assessment and treatment</li> <li>• not have a major opioid addiction</li> <li>• <b>not have an Active WCB Claim</b></li> </ul> <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
<b>Routine</b>	<ul style="list-style-type: none"> <li>All referrals to the Clinic for Mind Body Medicine are considered routine and treated on first-come, first-served basis.</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to General Internal Medicine Central Access &amp; Triage: <b>403-955-2066</b></li> <li>For more information refer to the website for the Clinic: <a href="http://www.calgaryhealthregion.ca/programs/cmbm/">http://www.calgaryhealthregion.ca/programs/cmbm/</a></li> <li>For inquiries: Telephone: <b>403-943-8476</b></li> </ul>	Dependent on volume
<p><b>Specific chronic conditions information to identify if relevant:</b></p> <ul style="list-style-type: none"> <li>Anxiety</li> <li>Depression</li> <li>Chronic Fatigue</li> <li>Fibromyalgia</li> <li>Diffuse Bodily Pain/Chronic Pain (please specify)</li> <li>Back Pain</li> <li>Non-Cardiac Chest Pain</li> <li>Irritable Bowel Syndrome (IBS)</li> <li>Gastrointestinal Symptoms (please specify)</li> <li>Insomnia</li> <li>Headache /Migraine</li> <li>Stress Management</li> </ul>		<p><b>Specific symptom information to identify if relevant:</b></p> <ul style="list-style-type: none"> <li>Chronic pain (please specify)</li> <li>Gastrointestinal Symptoms (please specify)</li> <li>Provide all considered relevant by the referring source</li> </ul>	
<p><b>Specific tests/investigations to provide if available:</b></p> <ul style="list-style-type: none"> <li>History &amp; Physical – most recent</li> <li>Discharge Summary (inpatients)</li> <li>Medications – current with dosage</li> <li>Lab work – most recent only</li> <li>Related DI reports – most current</li> <li>Consultation reports</li> </ul>		<p><b>Referral Criteria:</b></p> <ul style="list-style-type: none"> <li>Be at least 18 years of age, medically stable, with access to Primary Care Physician</li> <li>Have chronic symptoms/illness at least 6 months and thorough diagnostic medical workup has been completed</li> <li>Mood altering analgesic and psychotropic medications will be reduced, if not eliminated</li> <li>Willingness to take an active role in symptom/illness management and wellness attainment from integrated mind/body framework</li> <li>Not involved in litigation or receiving long term disability as result of their symptoms/condition</li> </ul>	

## Diabetes, Hypertension and Cholesterol Centre (DHCC)

403-955-8118

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

403-955-8633

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

### Specific tests/investigations required to enable triage:

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

## Gastroenterology

403-210-7565

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

- 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.

- anticoagulants (warfarin)
- antiplatelet agents (ASA, Plavix@..)
- diabetes medications (insulin and/or oral medications)

Suffering from respiratory insufficiency

- Is the patient on home O2?
- Is the patient on CPAP?
- Is the patient a brittle asthmatic?

Any history of:

- MRSA
- V RE
- C. Difficile

**Specific tests/investigations required to enable triage:**

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

**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
<b>Emergent</b>	<ul style="list-style-type: none"> <li>Oxygen</li> <li>IV Therapy</li> <li>Antibiotic etc.</li> <li>DVT/PE</li> </ul>	<ul style="list-style-type: none"> <li>Page general internist on call: FMC: <b>403-944-1110</b> RGH: <b>403-943-3000</b> PLC: <b>403-943-4555</b></li> </ul>	Same day (emergency)
<b>Urgent</b>	<ul style="list-style-type: none"> <li>Accelerated hypertension</li> <li>Heart failure</li> <li>Acute inflammatory process</li> <li>Poorly controlled diabetes</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to General Internal Medicine Central Access &amp; Triage: <b>403-270-8453</b></li> </ul>	Within 2 weeks
<b>Routine</b>	<ul style="list-style-type: none"> <li>Diagnostic dilemmas</li> <li>Multiple system disease</li> <li>Hypertension</li> <li>Chronic renal failure</li> <li>Vascular risk reduction</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to General Internal Medicine Central Access &amp; Triage: <b>403-270-8453</b></li> </ul> <p>(*For participating Internists – see below)</p>	3-6 months
<b>Specific co-morbidity information to identify if relevant:</b>		<b>Specific symptom information to identify if relevant:</b>	
<ul style="list-style-type: none"> <li>Provide all considered relevant by the referring source.</li> </ul>		<ul style="list-style-type: none"> <li>Provide all considered relevant by the referring source.</li> </ul>	
<b>Specific tests/investigations required to enable triage:</b>			
<ul style="list-style-type: none"> <li>Provide all considered relevant by the referring source.</li> </ul>			
Chronic Renal Failure			
<ul style="list-style-type: none"> <li>Trends in creatinines, urinalysis, diagnostic imaging, completed workup</li> </ul>			
Hypertension			
<ul style="list-style-type: none"> <li>Trends in BP, medication changes, past secondary hypertension w/u evidence of target organ damage</li> </ul>			
<b>Additional subspecialty requirements to provide if available:</b>			
<ul style="list-style-type: none"> <li>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"> <li>Chronic Renal Failure</li> <li>Cardiovascular Risk Reduction</li> <li>Hypertension</li> </ul> </li> </ul>			

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:

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

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
<b>Emergent</b>	<ul style="list-style-type: none"> <li>• New diagnoses of:               <ul style="list-style-type: none"> <li>o Acute leukemia or Severe cytopenias</li> <li>o Suspected TTP</li> <li>o Severe Thrombocytopenia (platelet count &lt;10 or &lt;20 with bleeding)</li> </ul> </li> <li>• Bleeding in patient with <b>known</b> bleeding disorder (hemophilia, von willebrand disease, platelet function disorders)</li>   <li>• Symptoms of Acute PE/DVT</li> </ul>	<ul style="list-style-type: none"> <li>• Call hematologist on call at either FMC <b>403-944-1110</b> or PLC <b>403-943-4555</b></li>   <li>• Southern Alberta Rare Blood and Bleeding Disorders Comprehensive Care Program (Hemophilia Clinic) at FMC <b>403-944-4057</b> Monday to Friday 8am-4pm; or</li> <li>• Hematologist on call at FMC after hours; or</li> <li>• If emergent treatment necessary, patient to report to nearest ER.</li> <li>• ER physician at nearest centre</li> </ul>	Within 24 hours
<b>Urgent</b>	<ul style="list-style-type: none"> <li>• New Diagnosis of lymphoma, Myeloma, Chronic Myelogenous leukemia (CML), Chronic Lymphocytic leukemia (CLL)*.</li>   <li>• Severe unexplained pancytopenia or severe individual cytopenias eg. anemia (Hgb &lt;85), thrombocytopenia (platelets &gt;10 and &lt;50 without bleeding); or neutropenia (neutrophil count &lt;0.5 without current infection symptoms).</li>   <li>* CLL with high lymphocyte count only may be seen as semi urgent.</li>   <li>• Thrombosis or bleeding disorder or other hematologic disorder consultation in a pregnant patient.</li>   <li>• Patient with a known bleeding disorder having any invasive procedure or dental work done</li>   <li>• Preoperative assessments or anticoagulant bridging for surgery.</li> </ul>	<ul style="list-style-type: none"> <li>• Hematology Central Access &amp; Triage Fax <b>403-944-3001</b> Phone: <b>403-944-3265</b></li> <li>or</li> <li>Hematologist offices for:               <ul style="list-style-type: none"> <li>Dr Blahey, Phone: <b>403-266-1246</b> Fax: <b>403-233-9278</b></li> <li>Dr Thael, Phone: <b>403-237-5802</b> Fax: <b>403-233-9278</b></li> <li>Dr Lategan Phone: <b>403-943-5423</b> Fax: <b>403-943-5220</b></li> </ul> </li> <li>or</li> <li>Direct referral to TBCC Hematologic Malignancy Clinic Referral: Phone: <b>403-521-3722</b> Fax: <b>403-521-3245</b></li> <li>• Hematology Central Access &amp; Triage Fax <b>403-944-3001</b>; or Hematologist office for Drs Blahey, Thael or Lategan; or Maternal Disorders of Pregnancy Clinic for thrombosis related consultation in pregnancy Referral: <b>403-220-6376</b> Fax: <b>403-283-6151</b></li>   <li>• Call Southern Alberta Rare Blood and Bleeding Disorders Comprehensive Care Program (Hemophilia Clinic) at FMC <b>403-944-4057</b></li>   <li>• 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.</li> </ul>	Within 2 weeks

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

## Living Well with a Chronic Condition Program

403-943-2584

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

## Mental Health

403-943-1500

Triage Category	Including, but not limited to:	Process	Approximate time to be seen
<b>Emergent</b>	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"> <li>Connect patient with crisis resources i.e. Emergency department, MRT (contact MRT through distress centre).</li> </ul>	N/A - Direct to emergency services.
<b>Urgent</b>	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"> <li>Fax referral to Access Mental Health: <b>403-943-9044</b></li> <li>or</li> <li>Call Access Mental Health: <b>403-943-1500</b> 7:30am - 7:00pm Monday - Friday</li> </ul>	Prioritized and processed by Access Mental Health within 1-2 business days and directed to appropriate resource. Appointments to be booked by receiving program.
<b>Semi Urgent/ Routine</b>	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"> <li>Fax referral to Access Mental Health: <b>403-943-9044</b></li> </ul>	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.
<b>Specific co-morbidity information to identify if relevant:</b> <ul style="list-style-type: none"> <li>Current GAF / GAS</li> <li>Suicidal /self injury risk assessment</li> <li>Illicit substance use or abuse</li> <li>Is the client involved with the legal system? Pending charges? On probation?</li> <li>Is the client their own legal guardian? If not who is?</li> <li>If child, is child welfare involved?</li> </ul>		<b>Specific symptom information to identify if relevant:</b> <ul style="list-style-type: none"> <li>Provide all considered relevant by the referring source.</li> </ul>	
<b>Specific tests /investigations required to enable triage:</b> <ul style="list-style-type: none"> <li>Attach any psychiatric consultations, reports or hospital admission records within past year.</li> </ul>			

## Nephrology

403-955-6389

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

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

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

## Rheumatology

403-944-4426

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

## Senior's Health &amp; Geriatric Medicine

403-955-1525

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

## Sleep Centre

403-944-2404

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

## Southern Alberta HIV Clinic (SAC)

403-955-6399

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

## Vascular Risk Reduction Program

403-955-8032

Triage Category	Criteria	Process	Time to be seen
<b>Urgent</b>	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
<b>Semi Urgent</b>	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
<b>Acute Care</b>	<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 &amp; 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>	<b>Inpatient (Urban acute care site)</b>	<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>
		<b>Inpatient (Rural acute care site)</b>	Please see Rural Palliative Consult Team.
		<b>Outpatient</b>	Currently we do not provide outpatient services at acute care sites. Please refer to our Urban/Rural Teams.
<b>Intensive Palliative Care Unit (IPCU)</b>	<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.
<b>Residential Hospice</b>	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
<b>Emergent</b>	<ul style="list-style-type: none"> <li>• Patient is actively dying requiring emergent pain/symptom management intervention</li> <li>• Family/Patient support</li> </ul>	<ul style="list-style-type: none"> <li>• Phone office then fax the completed referral form Phone: <b>403-995-2714</b> Fax: <b>403-995-2619</b></li> </ul>	Same day (if an in-person visit isn't possible then a phone consult will be provided)
<b>Urgent</b>	<ul style="list-style-type: none"> <li>• Death is imminent and there is a great need of pain/symptom management</li> <li>• Family/Patient support</li> </ul>	<ul style="list-style-type: none"> <li>• Phone office then fax the completed referral form Phone: <b>403-995-2714</b> Fax: <b>403-995-2619</b></li> </ul>	Within 24 hours (if an in-person visit isn't possible then a phone consult will be provided)
<b>Semi-Urgent</b>	<ul style="list-style-type: none"> <li>• Pain/symptom management</li> <li>• Family/Patient support</li> <li>• Cognitive/Functional deterioration</li> </ul>	<ul style="list-style-type: none"> <li>• Fax the completed referral form Fax: <b>403-995-2619</b></li> </ul>	Within 48 hours
<b>Routine</b>	<ul style="list-style-type: none"> <li>• Family/Patient support</li> <li>• End of Life Decision Making</li> </ul>	<ul style="list-style-type: none"> <li>• Fax the completed referral form Fax: <b>403-995-2619</b></li> </ul>	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
<b>Emergent</b>	<ul style="list-style-type: none"> <li>• Patient is actively dying requiring emergent pain/symptom management intervention</li> <li>• Family/Patient support</li> </ul>	<ul style="list-style-type: none"> <li>• Phone office then fax the completed referral form Phone: <b>403-944-2304</b> Fax: <b>403-270-9652</b></li> </ul>	Same day (if an in-person visit isn't possible then a phone consult will be provided)
<b>Urgent</b>	<ul style="list-style-type: none"> <li>• Death is imminent and there is a great need of pain/symptom management</li> <li>• Family/Patient support</li> </ul>	<ul style="list-style-type: none"> <li>• Phone office then fax the completed referral form Phone: <b>403-944-2304</b> Fax: <b>403-270-9652</b></li> </ul>	Within 24 hours (if an in-person visit isn't possible then a phone consult will be provided)
<b>Semi-Urgent</b>	<ul style="list-style-type: none"> <li>• Pain/symptom management</li> <li>• Family/Patient support</li> <li>• Cognitive/Functional deterioration</li> </ul>	<ul style="list-style-type: none"> <li>• Fax the completed referral form Fax: <b>403-270-9652</b></li> </ul>	Within 48 hours
<b>Routine</b>	<ul style="list-style-type: none"> <li>• Family/Patient support</li> <li>• End of Life Decision Making</li> </ul>	<ul style="list-style-type: none"> <li>• Fax the completed referral form Fax: <b>403-270-9652</b></li> </ul>	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
<b>Emergent</b>	<ul style="list-style-type: none"> <li>Complete obstruction</li> <li>Ascending cholangitis or bleeding from tumor of pancreas, liver, or biliary system</li> </ul>	<ul style="list-style-type: none"> <li>Page Hepatopancreaticobiliary (HPB) surgeon on call <b>403-944-1110</b></li> </ul>	Same day (emergency)
<b>Urgent</b>	<ul style="list-style-type: none"> <li>Severe acute pancreatitis with necrosis (AP)</li> <li>Newly diagnosed lesion, tumor or masses (suspicious for cancer) of the liver, pancreas, bile ducts or gallbladder</li> <li>Complicated pancreatitis</li> <li>Complicated gallstone disease</li> <li>Any cystic lesions of the liver, pancreas, duodenum, bile ducts</li> <li>Any biliary strictures</li> <li>Obstructive jaundice</li> <li>Liver metastases of any origin that require assessment for ablative treatments or resection</li> <li>Traumatic or iatrogenic injuries to the bile duct, liver, or pancreas</li> </ul>	<ul style="list-style-type: none"> <li>Fax Hepatopancreaticobiliary (HPB) referral to triage line: <b>403-476-8798</b></li> </ul>	Within 2 weeks
<b>Routine</b>	<ul style="list-style-type: none"> <li>Chronic pancreatitis and benign diseases of liver, pancreas, and biliary system</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to Hepatopancreaticobiliary (HPB) triage line: <b>403-476-8798</b></li> </ul>	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
<b>Urgent</b>	<ul style="list-style-type: none"> <li>Confirmed or suspected breast cancer</li> <li>Abnormal diagnostic imaging suggestive of malignancy*</li> <li>Suspicious clinical exam</li> <li>Inflammatory changes to the breast</li> <li>Breast abscess requiring I&amp;D</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to: <b>403-944-2250</b></li> <li>Call: <b>403-944-2240</b> for guidance if required</li> </ul>	Within 2 weeks
<b>Semi Urgent</b>	<ul style="list-style-type: none"> <li>Solid persistent mass with benign features on diagnostic imaging</li> <li>Abnormal imaging requiring further investigations, likely benign</li> <li>Complex cysts</li> <li>Nipple discharge: spontaneously bloody, clear unilateral</li> <li>Atypical pathology on core biopsy requiring surgical consult</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to: <b>403-944-2250</b></li> </ul>	Within 3 weeks
<b>Routine</b>	<ul style="list-style-type: none"> <li>Mastalgia</li> <li>Fibrocystic breasts</li> <li>Bilateral nipple discharge</li> <li>Family History</li> <li>Prophylactic mastectomy</li> <li>Worried patient with negative workup seeking second opinion from surgeon and teaching from nurse</li> </ul>	<ul style="list-style-type: none"> <li>Fax referral to: <b>403-944-2250</b></li> </ul>	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
<b>Routine</b>	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 <b>403-944-8614</b> And include the items below	2-4 weeks
<b>Offered next available Appointment with HRBCC team (MD, RN &amp; Psychologist)</b>	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"> <li>Confirmed a mutation</li> <li>Been non-informative</li> <li>Been offered but appropriate person to test is not alive or available</li> </ul> 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 <a href="http://www.cancer.gov/bcrisktool">www.cancer.gov/bcrisktool</a> )	
<b>Internal triage and possible referral directly to clinical genetics</b>	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
<b>Referral to team Psychologist Only</b>	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
<b>Urgent</b>	<ul style="list-style-type: none"> <li>• Complete prolapse of vagina, causing obstruction of urethra and inability to void</li> <li>• Sudden bleeding or infection of vaginal tissues as a result of a “forgotten” or impacted pessary</li> <li>• Postpartum patients with fourth degree anal sphincter tears</li> </ul>	If complete retention, require indwelling catheter and care initially. <b>Phone 403-944-4000</b>	2-3 weeks
<b>Routine</b>	<ul style="list-style-type: none"> <li>• Urinary incontinence of all types (stress, urge, overflow)</li> <li>• Bowel evacuation dysfunction including anal incontinence or constipation</li> <li>• Pelvic Organ Prolapse (vaginal bulging or heaviness)</li> <li>• Those having had previous surgical interventions by clinic physicians with ongoing or new issues</li> <li>• Referrals for only urodynamic testing (accepted from gynecologists and urologists only)</li> <li>• Referrals for ARPs (from GI specialists and colorectal surgeons only)</li> <li>• Recurrent UTIs (urine cultures must be attached)</li> </ul>	Fax referral to Pelvic Floor Clinic <b>403-944-2154</b>	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

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

## Spinal Cord Compression (SCC)

<b>Presenting features/symptoms</b>	<ul style="list-style-type: none"> <li>• <b>Pain:</b> 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.</li> <li>• <b>Motor Weakness:</b> 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.</li> <li>• <b>Sensory Impairment:</b> This usually follows pain; symptoms include loss of sensation, numbness, tingling, pins and needles type feeling and coldness in the affected area.</li> <li>• <b>Autonomic dysfunction:</b> 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.</li> </ul>
<b>Reason for urgency</b>	<ul style="list-style-type: none"> <li>• Without identification and a delay in the appropriate treatment, complete and irreversible paraplegia may develop within hours to days.</li> </ul>
<b>Associated tumour type/s</b>	<ul style="list-style-type: none"> <li>• Includes any cancer. Most common are lung, breast and prostate.</li> </ul>
<b>Action</b>	<ul style="list-style-type: none"> <li>• MRI of the affected area provides the best definition of spinal lesions and is the procedure of choice.</li> <li>• 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"> <li>◦ 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.</li> <li>◦ 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.</li> <li>◦ 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.</li> <li>◦ Chemotherapy is occasionally used in patients with chemo sensitive tumours such as Hodgkin's disease or lymphoma.</li> </ul> </li> </ul>
<b>Management</b>	<ul style="list-style-type: none"> <li>• Triage clinician discuss patient with on-call Radiation Oncologist to confirm emergency</li> <li>• If situation is identified as an emergency, Radiation Oncologist decides whether to:             <ul style="list-style-type: none"> <li>◦ Advise the patient to go to the Emergency Department</li> <li>◦ Organize emergency/urgent consult in TBCC</li> <li>◦ Organize further test(s)</li> <li>◦ Talk to the referring /family physician</li> </ul> </li> <li>• The decision should be documented on the referral form or patient chart and the documentation transferred to TBCC physician.</li> </ul>

## Electrolyte abnormalities

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

## Hypercalcemia

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

## Malignant Bowel Obstruction

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

## Raised Intracranial Pressure

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

## Life-threatening Respiratory Difficulty

<b>Presenting features/symptoms</b>	<ul style="list-style-type: none"> <li>• Shortness of breath at rest or with minimal movement</li> <li>• Chest pain</li> </ul>
<b>Reason for urgency</b>	<ul style="list-style-type: none"> <li>• Patients can experience respiratory arrest and death</li> </ul>
<b>Associated tumour type/s</b>	<ul style="list-style-type: none"> <li>• Arises in ANY INVASIVE CANCER or any cancer associated with a blood clot</li> </ul>
<b>Investigation</b>	<ul style="list-style-type: none"> <li>• 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</li> </ul>
<b>Management</b>	<ul style="list-style-type: none"> <li>• Triage Clinician to discuss with attending oncologist to confirm medical emergency</li> <li>• If situation is emergent, oncologist to determine whether to:             <ul style="list-style-type: none"> <li>◦ Advise patient to go to emergency</li> <li>◦ Consult on call pulmonologist or internist directly</li> </ul> </li> <li>• The decision should be documented on the referral form and the documentation transferred/filed appropriately</li> </ul>

## Potential Upper Airway Obstruction

<b>Presenting features/symptoms</b>	<ul style="list-style-type: none"> <li>• 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)</li> </ul>
<b>Reason for urgency</b>	<ul style="list-style-type: none"> <li>• Partial occlusion of the upper airway is associated with the occurrence of sudden death</li> </ul>
<b>Associated tumour type/s</b>	<ul style="list-style-type: none"> <li>• Any malignancy invading upper airway structures, particularly: anaplastic thyroid; head and neck; lung cancer; others</li> </ul>
<b>Investigation</b>	<ul style="list-style-type: none"> <li>• Definitive imaging of the neck structures with either MRI or CT scan</li> <li>• Direct visualization with endoscopy or laryngoscopy.</li> </ul>
<b>Management</b>	<ul style="list-style-type: none"> <li>• Triage Clinician to discuss with attending oncologist to confirm medical emergency</li> <li>• If situation is emergent, oncologist to determine whether to:             <ul style="list-style-type: none"> <li>◦ Advise patient to go to emergency</li> <li>◦ Consult on call ENT surgeon or Respiriologist directly</li> </ul> </li> <li>• The decision should be documented on the referral form and the documentation transferred/filed appropriately</li> </ul>

## Febrile Neutropenia

<b>Presenting features/symptoms</b>	<ul style="list-style-type: none"> <li>• Fever defined as a single oral temperature <math>\geq 38.3^{\circ}\text{C}</math>, or an oral temperature of <math>\geq 38.0^{\circ}\text{C}</math> or higher for more than one hour</li> <li>• An absolute neutrophil count less than <math>0.5 \times 10^9</math> per L is defined as severe neutropenia</li> <li>• 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</li> </ul>
<b>Reason for urgency</b>	<ul style="list-style-type: none"> <li>• Without urgent treatment febrile neutropenia can rapidly deteriorate to septicemia and death</li> </ul>
<b>Associated tumour type/s</b>	<ul style="list-style-type: none"> <li>• Any type of cancer patient undergoing systemic chemotherapy</li> </ul>
<b>Action</b>	<ul style="list-style-type: none"> <li>• Site specific history and physical examination</li> <li>• Laboratory assessment (CBC33, BUN, electrolytes, creatinine and LFT's)</li> <li>• Consider CXR, urinalysis, blood cultures</li> </ul>
<b>Management</b>	<ul style="list-style-type: none"> <li>• Notification of treating oncologist and/or urgent referral to Emergency Department</li> </ul>

### 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](http://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**

**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: \_\_\_\_\_  
\_\_\_\_\_

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 – 29<sup>th</sup> 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  
and give form to your patient for completion**

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

**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.

<b>Mother</b>	<b>Father</b>
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: _____ _____

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 – 29<sup>th</sup> Street NW  
 Calgary, AB T2N 4N2

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

