

OUTPATIENT REFERRAL TO INTERNAL MEDICINE

REF-IM

*** For urgent same-day consultations, please contact the on-call Internal Medicine in your zone via hospital switchboards or conventional methods ***
For Endoscopy requests in Central Zone, please use the Outpatient Referral to General Surgery.
For a fully private service physician, select Outgoing Referral as the Class.
If required, enter the specific provider in the 'To Provider' field to help guide department selection.

PREFERRED ZONE

Preferred Zone: ☐ Eastern Urban ☐ Eastern Rural ☐ Central ☐ Labrador-Grenfell

REASON FOR REFERRAL

All zones use the same reason list. Select one:

- | | |
|---|---|
| <input type="checkbox"/> Abnormal Incidental Findings | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Cardiac Disease | <input type="checkbox"/> Diabetes Management |
| <input type="checkbox"/> Dyslipidemia | <input type="checkbox"/> Fatty Liver |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Increased LFTs | <input type="checkbox"/> Joint Pain NYD |
| <input type="checkbox"/> Kidney Disease (Acute) | <input type="checkbox"/> Kidney Disease (Chronic) |
| <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Long Covid |
| <input type="checkbox"/> Metabolic Disease | <input type="checkbox"/> Other |
| <input type="checkbox"/> Perioperative Consult | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Syncope | <input type="checkbox"/> Thyroid Disease |

Reason for Referral (free text / specify):

REFERRAL TYPE & COMMENTS

Referral Type: ☐ New Referral ☐ Update to Existing Referral

Comments: _____
